DUAL DIAGNOSIS NURSING

EDITED BY G. HUSSEIN RASSOOL

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Dual Diagnosis Nursing

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Foreword

It is a pleasure and privilege to be invited to write the Foreword for Hussein Rassool's book on Dual Diagnosis Nursing. I got to know Professor Rassool when we both worked at St George's Hospital Medical School – he ran the postgraduate programme in addiction studies and occasionally I would help by supervising student projects or sitting on the board of examiners.

I always admired the way in which he managed the programme – coordinating the activities of a diverse group of contributors to produce something coherent that is of real practical value. I was not surprised, therefore, to see those same skills applied to this volume. Professor Rassool and the other contributors show a very clear understanding of the needs of their target readership and they present the material without unnecessary embellishment. This volume quite simply contains information that nurses must know if they are to help patients with substance use and psychological problems. The field of addiction, in my opinion, suffers from too many 'manuals' that present waffle and speculation dressed up as fact. This book provides information in the most straightforward terms that will be of practical value to the reader.

The chapters on management of patients with dual diagnosis no doubt presented the greatest challenge because the scientific basis for particular treatment approaches is lacking. We don't know whether approaches such as motivational interviewing give better results than cognitive behavioural approaches or pragmatic, commonsense based approaches – and we may never know because these kinds of issue are extremely difficult to study scientifically. As long as we recognise that the ideas we put forward for managing patients are pragmatic solutions to difficult problems, and do not turn them into articles of faith, no one can ask more of us. Professor Rassool's writing seems to me to fit this ethos very nicely.

Robert West
University College London

Preface

Dual diagnosis, that is the coexistence of substance misuse and mental health problems, is the premise of the book, which is interwoven in all the chapters. The increase in the number of individuals with substance misuse and mental health problems has attracted considerable interest in recent years and will be one of the most important challenges facing both mental health and addiction nurses. It is estimated that 30% of people with mental health problems also have drug and/or alcohol problems, which are highly prevalent across a range of service and treatment settings. Common examples of dual diagnosis include the combination of psychosis with amphetamine use, depression with alcohol dependence, anxiety and alcohol dependence, alcohol and polydrug use with schizophrenia, and borderline personality disorder with episodic polydrug use. Research shows that individuals with a dual diagnosis are at an increased risk of suicide, violent behaviour and non-compliance with treatment. Given the prevalence, and the limited resources available to support individuals with dual diagnosis and their carers, a wide range of professionals from health and social care, including employment, housing and the criminal justice system may be involved in dealing with the complex needs associated with this condition. The prevalence, clinical implications, service provision and the effectiveness of intervention strategies are now becoming more apparent.

This book draws together and synthesises the body of knowledge and clinical nursing practice within the UK framework of working with individuals with dual diagnosis. It focuses on the approaches and intervention strategies that nurses and other health and social care professionals have used to respond to this new challenge in specialist and non-specialist settings. The book does not profess to be a complete dual diagnosis compendium, rather it aims to introduce the reader to the key issues and concerns that surround the coexistence of substance misuse and mental health problems. The book underpins a number of current policy initiatives, as applied to current practice, and covers, practically, most aspects relating to dual diagnosis including an overview of dual diagnosis, the conceptual examination of dual diagnosis and substance misuse and its psychopathology. An added dimension is the coverage of needs of special populations, dual diagnosis in different care and treatment settings, multidimensional assessment, dealing with emergencies, spiritual needs, prescribing and medication management, nursing and psychological interventions, carers' interventions and professional development.

The book is practice oriented and written by

experienced, mostly nursing, academics and clinicians from the field of addiction and mental health nursing. It provides practitioners with awareness, knowledge of addiction and mental health, and skills required to respond effectively to those individuals they encounter in their practice. Whilst the book will address issues related to practitioners in dealing with the coexistence of substance misuse and mental health problems, it will be of interest and act as an excellent resource for other health and social care professionals who are unfamiliar with the 'dual diagnosis' phenomenon. It will be of relevance to students in medicine, nursing, psychology, social work and the criminal justice system, and those attending undergraduate and postgraduate courses in addiction and mental health studies. It will also be beneficial to anyone who has little or no experience in mental health, substance misuse or dual diagnosis.

Dual diagnosis, like substance misuse, is not the sole property of one particular discipline. It is everybody's business (Rassool, 2002)[1].

Structure of the book

This book is presented in five sections. Part 1 introduces the background in providing current literature on dual diagnosis, drug use and misuse, mental health, alcohol and mental health, personality disorders and eating disorders. Part 2 deals with special populations: black and ethnic minority groups, young people and women (parenting and pregnancy). Part 3 covers aspects of a synthesis of role, shared care, dual diagnosis in acute in-patient and forensic settings and models of care. Part 4 focuses on a framework for multidimensional assessment, dealing with overdose, intoxication and withdrawals, prescribing authority and medication management, integrating spiritual needs in holistic care, psychological interventions: cognitive behaviour therapy, motivational interviewing and person centred counselling, and relapse prevention. Part 5 concludes with the role and competencies of staff, educational development and clinical supervision.

[1] Rassool G. Hussein (2002) *Dual Diagnosis: Substance Misuse and Psychiatric Disorders*. Blackwell Publishing, Oxford.

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My thanks go to Mariam and Muhsinah for smoothing the path and providing me with the necessary support and help during my sabbatical and subsequent stay in Mauritius. Thanks also goes to all those at Al-Furqan, Les Guibies, for their friendship and support. I would like to acknowledge the contribution of my teachers who enabled me, through my own reflective practices, to follow the path.

My special thanks also to Julie for all the help and support over the years. Finally, I owe my gratitude to my children, Yasmin, Adam and Reshad, who keep me going and active in various endeavours.

Contents

Part 1

Background

1 Understanding Dual Diagnosis: an Overview

G.H. Rassool

Introduction

In the past decade, there has been a growing interest in the concept of dual diagnosis or coexisting problems of substance misuse and mental health problems. Dual diagnosis has gained prominence partly due to the closure of long-stay psychiatric institutions, increasing emphasis on care and treatment in the community and the increasing prevalence of substance misuse amongst the general population. Individuals with mental health problems are perhaps becoming more exposed to a wider range of illicit drugs than previously. Furthermore, some individuals with mental health problems who are socially isolated may be drawn into a drug-using culture that appears more attractive and less stigmatised for social interactions.

However, there is still no consensus or common understanding of what is meant by 'dual diagnosis'. The concept 'dual diagnosis' has been applied to a number of individuals with two coexisting disorders or conditions, such as a physical illness and mental health problems, schizophrenia and substance misuse, or learning disability and mental health problems. The concepts of 'dual diagnosis', and 'co-morbidity' are now used commonly and interchangeably. The concept of complex or multiple needs is also associated with those with two existing conditions, which include medical, psychological, social or legal needs or problems. This chapter aims to examine the concept of dual diagnosis and describe its prevalence, treatment models, principles of treatment and issues for service delivery.

Concepts and classifications

There is no operational definition of dual diagnosis. However, dual diagnosis per se does not formally exist as a definitive diagnosis and the concept itself could be interpreted as being misleading and cumbersome (Rostad & Checinski, 1996). Nevertheless the same authors do concede that the 'label' is useful in so far as it draws attention to 'a real problem which is not being addressed'. The diagnostic labels have value in defining a client group and enabling the commissioning and delivery of care but the labels of 'dual diagnosis' should not be perceived as problematic (Rethink & Turning Point, 2004). Health care professionals have used the term dual diagnosis to refer to individuals who were mentally retarded or had a learning disability and who also had a coexisting psychiatric disorder (Evans & Sullivan, 2001). More recently, clinicians have begun to use the term to refer to an individual with a substance use problem and a coexisting psychiatric disorder. The term covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently

Table 1.1 Substance use and psychiatric syndromes.

- Substance use (even single dose) may lead to psychiatric syndromes/symptoms.
- Harmful use may produce psychiatric syndromes.
- Dependence may produce psychological symptoms.
- Intoxication from substances may produce psychological symptoms.
- Withdrawal from substances may produce psychological symptoms.
- Withdrawal from substances may lead to psychiatric syndromes.
- Substance use may exacerbate pre-existing psychiatric disorder.
- Psychological morbidity not amounting to a disorder may precipitate substance use.
- Primary psychiatric disorder may lead to substance use disorder.
- Primary psychiatric disorder may precipitate substance disorder, which may, in turn, lead to psychiatric syndromes.

Source: based on Crome (1999).

(Department of Health, 2002). In the context of this book, the concept of dual diagnosis is defined as the coexistence of substance misuse and mental health problems.

The misuse of psychoactive substances, including alcohol, may result in the individual developing a wide range of mental health problems depending on the drug being used. For example, a cocaine user may experience depressive symptoms and paranoid delusions. It is stated that with dual diagnosis patients, the psychiatric disorders and the substance misuse are separate, chronic disorders, each with an independent course, yet each able to influence the properties of the other (Carey, 1989).

The dual diagnosis individual meets the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for both substance abuse or dependency and a coexisting psychiatric disorder. The DSM-IV (American Psychiatric Association, 1994), defines a mental disorder as 'a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is typically associated with present distress (a painful symptom) or disability (impairment in one or more areas of functioning)'. Substance misuse, according to DSM-IV (APA, 1994), is the maladaptive pattern of use not meeting the criteria for dependence that has persisted for at least one month or has occurred repeatedly over a long period of time. The dual diagnosis patient meets the DSM-IV criteria for both substance abuse or dependency and a coexisting psychiatric disorder.

The nature of the relationship between these two conditions is complex. Dual diagnosis can be categorised into several subgroups and relationships defined by presumed aetiological mechanisms. The relationship between substance misuse and mental health problems can manifest itself in the following ways as shown in Table 1.1 (Crome, 1999).

Individuals with dual diagnosis, like most substance misusers, are a heterogeneous group and any defining features or diagnostic profiles evident may change over time. A more manageable and clinically relevant interrelationship between psychiatric disorder and substance misuse has been described in the *Dual Diagnosis Good Practice Guide* (Department of Health, 2002). The four possible relationships are:

- A primary psychiatric illness precipitating or leading to substance misuse
- Substance misuse worsening or altering the course of a psychiatric illness
- Intoxication and/or substance dependence leading to psychological symptoms
- Substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses

Figure 1.1 presents the scope of coexistent psychiatric and substance misuse disorders (Department of Health, 2002). The horizontal axis represents severity of mental illness and the vertical axis the severity of substance misuse. Intervention strategies would need to focus on those whose severity falls within the top right hand and bottom right hand quadrants.

Prevalence

Despite certain methodological difficulties, especially with earlier studies, there is now strong research evidence that the rate of substance misuse

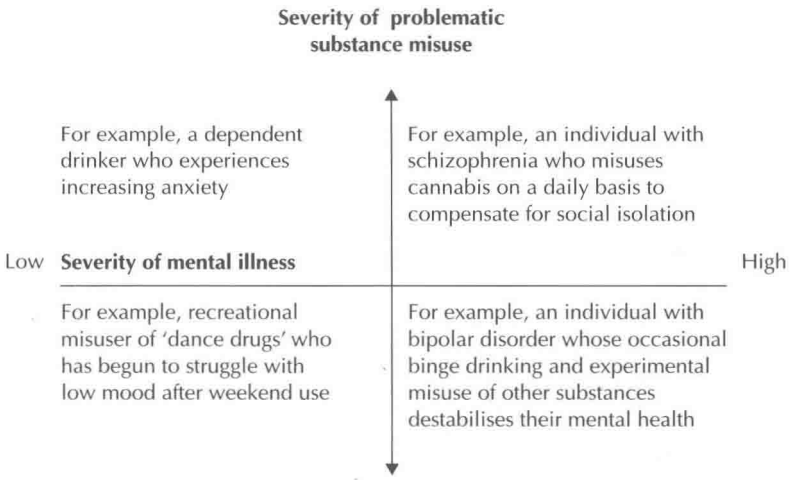

Figure 1.1 The scope of coexistent psychiatric and substance misuse disorders.
Source: Department of Health (2002).

is substantially higher among the mentally ill compared with the general population. The prevalence rate of substance use disorder among individuals with mental health problems ranges from 35% to 60% (Mueser *et al.*, 1995; Menezes *et al.*, 1996). The Epidemiological Catchment Area (ECA) study (Anthony & Helzer, 1991), a large American population survey, found a lifetime prevalence rate for substance misuse disorder of 16.7% (13.5% alcohol, 6.1% drug) for the general population. Rates for patients with schizophrenia, affective disorders and anxiety disorders were 47%, 32% and 23.7% respectively. For persons with any drug (excluding alcohol) disorder, more than half (53%) had one other mental disorder, most commonly anxiety and affective disorders.

The UK study (Menezes *et al.*, 1996) of 171 inner city London patients in contact with psychiatric services found that the one-year prevalence rate amongst subjects with psychotic illness for any substance misuse problem was 36.3% (31.6% alcohol, 15.8% drug). The National Treatment Outcome Research Study (NTORS) (Gossop *et al.*, 1998) found evidence of psychiatric disorders amongst individuals with primary substance use disorders. The NTORS found that 10% of substance misuse patients entering treatment had a psychiatric admission (not related to substance dependence) in the previous two years. Suicidal thoughts are commonly reported by drug dependent patients (29%) in treatment, and substance misuse is known to increase by 8–15-fold the risk of suicide (Shaffer *et al.*, 1996; Gossop *et al.*, 1998; Oyefeso *et al.*, 1999). Some of this increased risk may be explained by the presence of co-morbid psychiatric conditions such as depression or personality disorder in substance misusers (Neeleman & Farrell, 1997). The Office of Population Censuses and Surveys household survey estimated the prevalence of alcohol and drug dependence amongst the general population to be 5% and 2% respectively (Farrell *et al.*, 1998). Consumption of drugs was particularly high amongst adults with a phobic disorder, panic disorder and depression. Mental health problems are highly prevalent amongst the homeless population, making the chances of dual diagnosis in this population very high. A study of a sample of 124 individuals aged 18–65, who had remained in contact with the mental health team (Wright *et al.*, 2000), showed that 33% of patients fulfilled the study criteria for substance misuse. Those individuals (23%) with psychosis had 19 admissions in the two years prior to interview, while 18% of individuals with dual diagnosis had 11 admissions. In a study of 1075 adults, of whom 90% were opiate dependent (Marsden *et al.*, 2000), anxiety, depression, paranoia and psychoticism were found, with polydrug use closely linked to psychiatric symptoms. The use of illicit psychoactive substances, including alcohol, by individuals with psychiatric disorders increases the risk for those individuals to have an alcohol or drug-related

problem or dependence. Individuals with schizophrenia for instance, have a three-fold risk of developing alcohol dependence compared with individuals without a mental illness (Crawford, 1996).

A study of the prevalence and management of co-morbidity amongst adult substance misuse and mental health treatment populations (Weaver *et al.*, 2002) showed that some 74.5% of users of drug services and 85.5% of users of alcohol services experienced mental health problems. Most had affective disorders (depression) and anxiety disorders and psychosis. Almost 30% of the drug treatment population and over 50% of those in treatment for alcohol problems experienced 'multiple' morbidity (co-occurrence of a number of psychiatric disorders or substance misuse problems). Some 38.5% of drug users with a psychiatric disorder were receiving no treatment for their mental health problem. Some 44% of mental health service users reported drug use and/or were assessed to have used alcohol at hazardous or harmful levels in the past year.

In summary, UK data from one national survey and from local studies (Department of Health, 2002) generally show that:

- Increased rates of substance misuse are found in individuals with mental health problems
- Alcohol misuse is the most common form of substance misuse
- Where drug misuse occurs it often coexists with alcohol misuse
- Homelessness is frequently associated with substance misuse problems
- Community mental health teams typically report that 8–15% of their clients have dual diagnosis problems, although higher rates may be found in inner cities
- Prisons have a high prevalence of substance misuse and dual diagnosis

Complex problems, complex needs

Individuals with substance misuse and mental health problems are a vulnerable group of people with complex needs. While it is true that each disorder alone may have major implications for how an individual functions, the disorders together may have interactive and overwhelming effects when they coexist. Individuals with this combination of problems often have a lot of additional difficulties that are not purely medical, psychological or psychiatric. They are more likely to have a worse prognosis with high levels of service use, including emergency clinic and in-patient admissions (McCrone *et al.*, 2000). In addition, they have problems relating to social, legal, housing, welfare and 'lifestyle' matters. In summary, the major problems associated with individuals with dual diagnosis are:

- Increase likelihood of self-harm
- Increased risk of HIV infection
- Increased use of institutional services
- Poor compliance with medication/treatment
- Homelessness
- Increased risk of violence
- Increased risk of victimisation/exploitation
- Higher recidivism
- Contact with the criminal justice system
- Family problems
- Poor social outcomes, including impact on carers and family
- Denial of substance misuse
- Negative attitudes of health care professionals
- Social exclusion

In addition, those individuals from black and ethnic minority groups with dual diagnosis face the compounded pressure of stigma, prejudice, institutional racism and ethnocentric intervention strategies. These complex needs cannot be dealt with by a single approach and require a more holistic approach from several different agencies or services in order to meet the medical, psychological, social, spiritual and/or legal needs of the individual.

Aetiological theories: reasons why individuals with mental health problems use psychoactive substances

There are a variety of models and theories that hypothesise why individuals with mental health problems are vulnerable to the misuse of psychoactive substances. These are the self-medication hypothesis, the alleviation of dysphoria model, the multiple risk factor model and the supersensitivity model.