



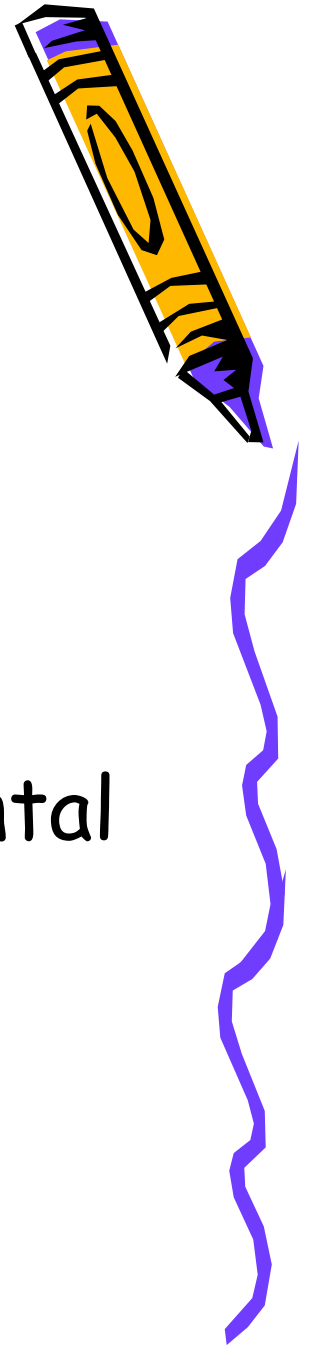
CO-EXISTING DISORDERS

Presented by Sandy McLean
On behalf of ADANZ



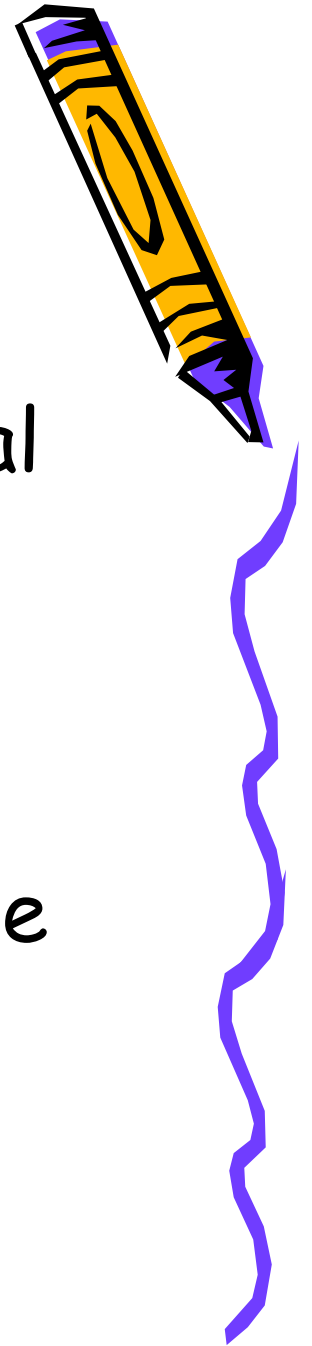
Definitions

- Dual diagnosis
- MICA
- Co morbidity
- Co-existing substance use and mental health disorders



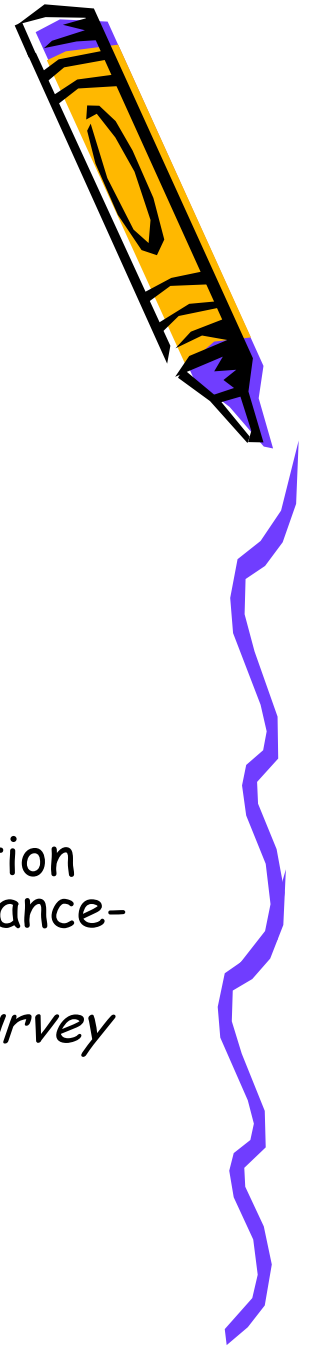
Co-existing disorders

- Substance use disorder plus mental health disorder
- Independent
- Not substance induced
- Persist after ceasing substance use or prominent with ongoing use



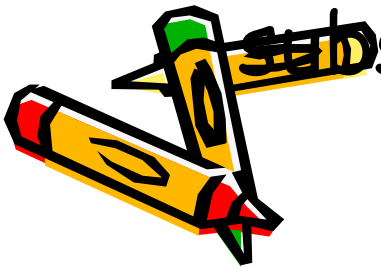
Prevalence

- General population 20-30%
- Addiction settings - higher
- Mental health setting 30-50%
- Recent, important and not previously available information about the rates of co-existing mental health and substance-use disorders in New Zealand are available in
Te Rau Hinengaro: The New Zealand Mental Health Survey
(*Te Rau Hinengaro*, Oakley Browne et al 2006)



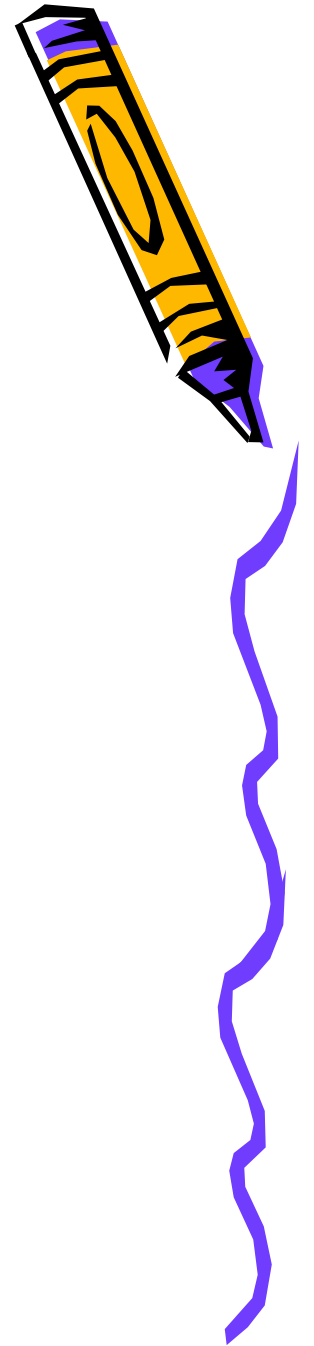
Key Points

- Complex issues result in poorer outcomes, higher relapse rates and additional demands on resources
- Targets for intervention are factors that maintain and reinforce the persons current patterns of substance use and mental unwellness



Barriers

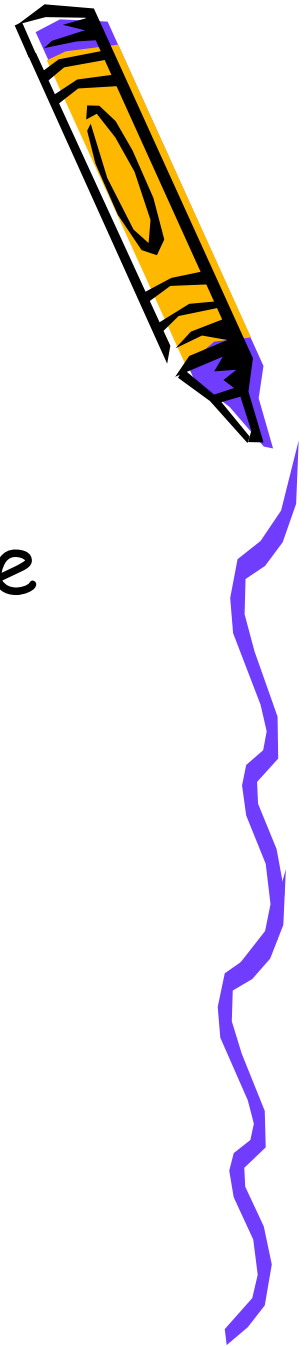
- Systems limitations
- Clinical limitations
- Attitudes



Factors positively influencing outcome

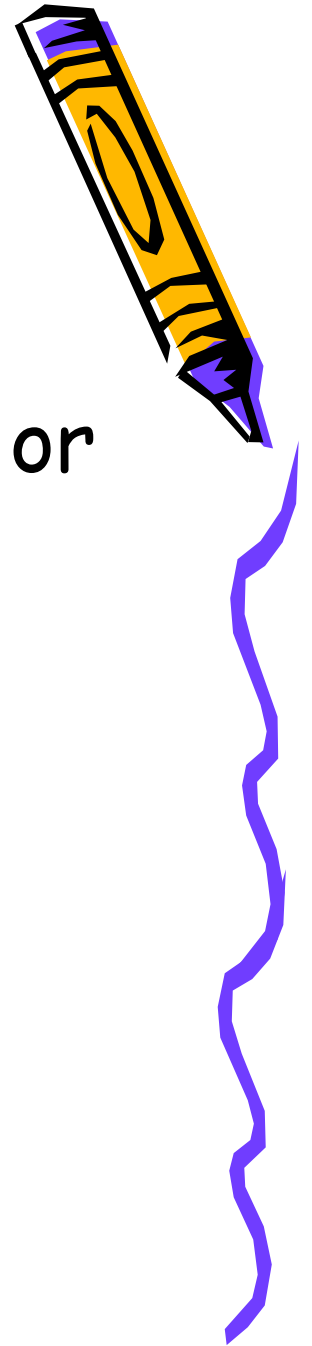
- Medication
- Aftercare beginning at initial stage of treatment
- Integrated treatment
- Initial focus - engagement and retention
- Tolerance of non-compliance

Attention on programme variables and staff patient relationships



Recovery Approach

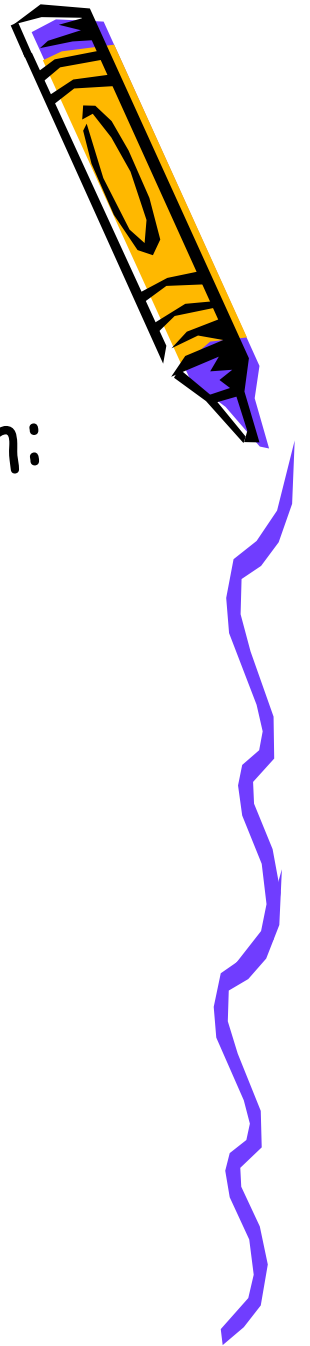
- 'ability to live well in the presence or absence of ones mental illness'
- Process and outcome
- Human dignity and personal empowerment



Recovery

Supported and made possible when:

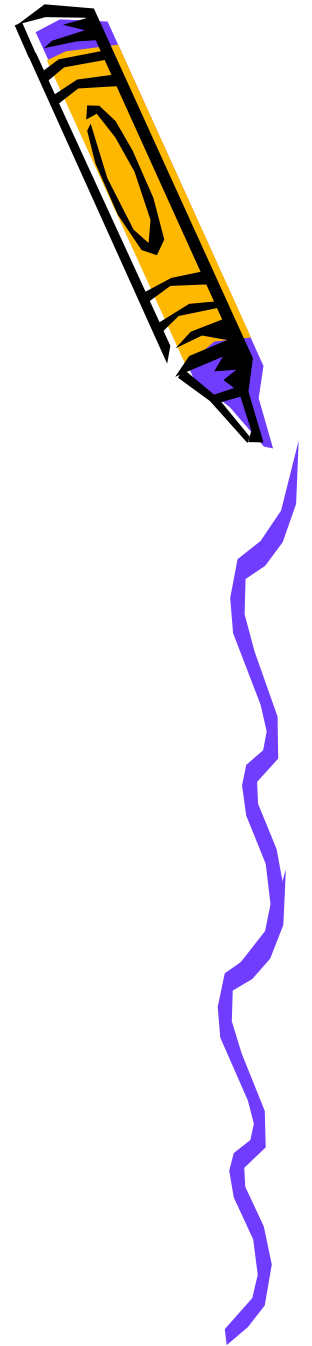
- Accessible services
- Focus on service users needs
- Inclusion
- Leadership and governance



Common Combinations

- Alcohol and Mood
- Alcohol and psychosis
- Cannabis and mood
- Cannabis and psychosis
- Opiates and MH disorders
- Stimulants and MH disorders

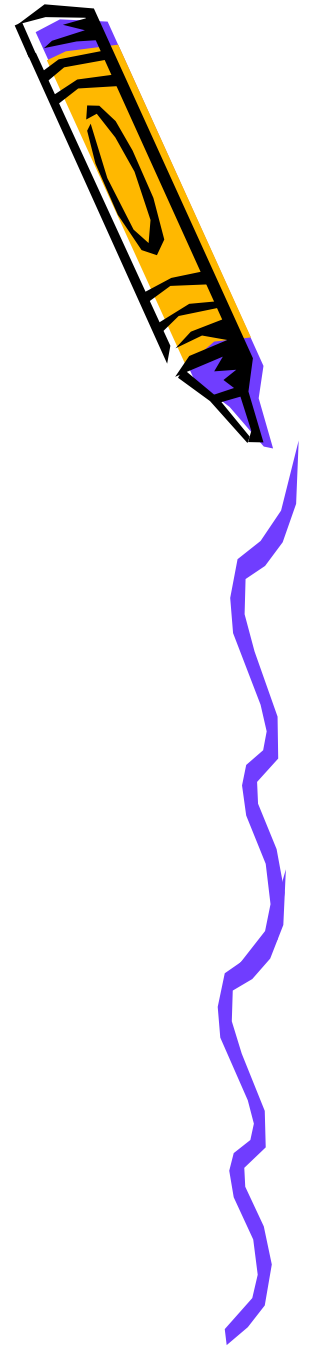
Anxiety and substance use



Principles of Treatment

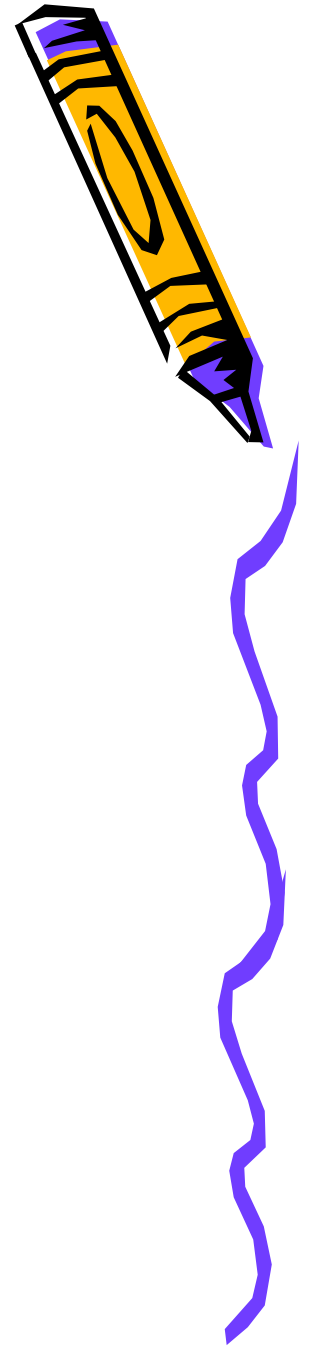
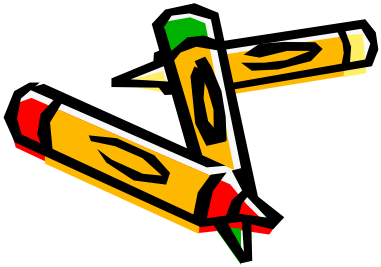
- Safety and stabilisation
- Case management
- Treatment integration

Stages of treatment



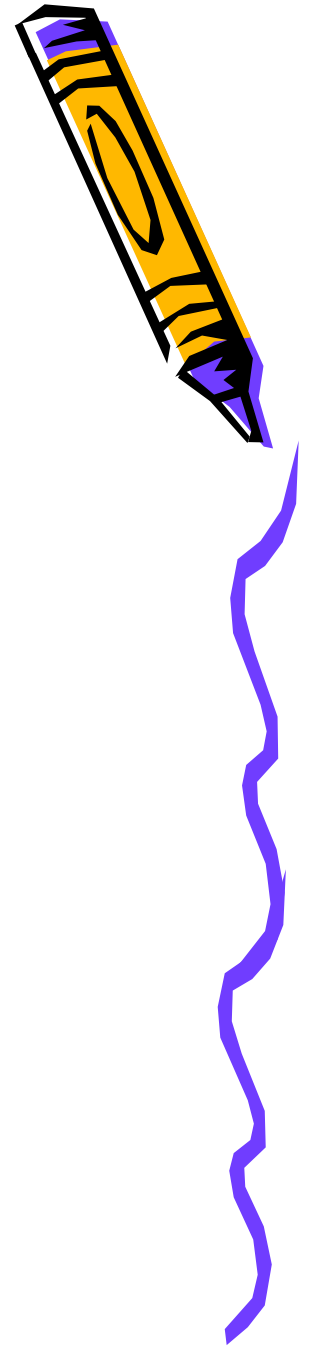
Stages of Treatment

- Engagement
- Persuasion
- Active treatment
- Relapse prevention



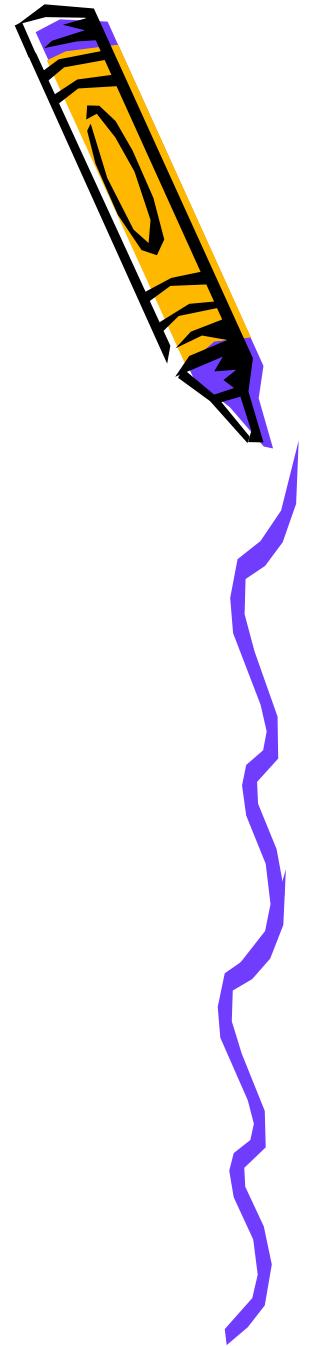
Principles of Successful Treatment

- Assertiveness
- Close monitoring
- Integration
- Comprehensiveness
- Stable living
- Flexibility and specialisation
- Stages of treatment
- Longitudinal perspective
- Optimism



Treatment Structure

- Working alliance
- Costs - benefits
- Individualised goals
- Environment and Lifestyle

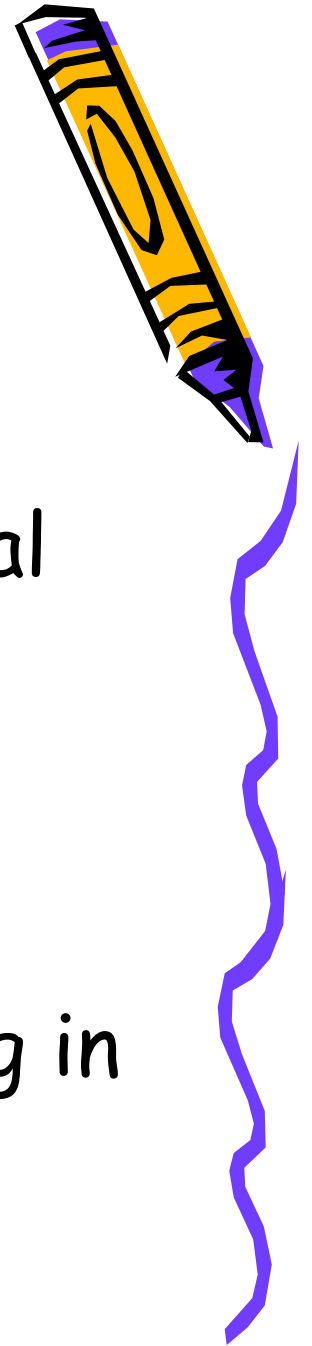


Case Study

- John 34 year old Pakeha man
- Separated living with sister in rural area
- Bipolar disorder and alcohol dependence
- Presents at emergency dept with police after involvement in fighting in bar and driving off at speed

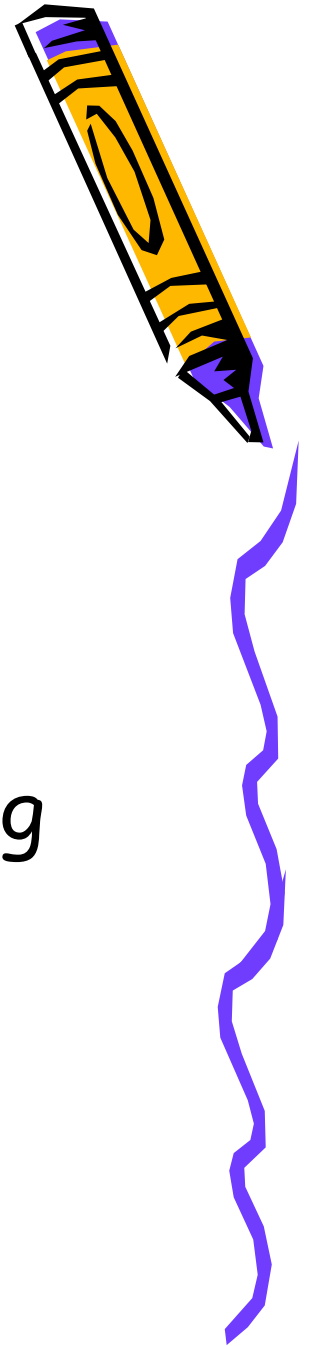


History of driving charges and psych hospital admissions



Principles and Tasks

- Safety
- Stabilisation
- Assessment and treatment planning
- Treatment



Web sites & Links

Mental Health Commission

<http://www.mhc.govt.nz/>

- **Getting it Right for People with Co-existing Addiction and Mental Health Problems**
- **Integrated treatment is one of five strategic themes guiding the work of the Mental Health Commission.**
The five strategic themes are detailed in the Commission's Statement of Intent 2008/9 - 2010/11.
They promote the development of:
 - A coherent legislative framework to govern the mental health and addiction sector;
 - Effective funding for the sector and for service users;
 - Mechanisms for improving service quality;
 - Integration of health services to meet the needs of service users;
 - An effective balance between monitoring and advocacy in the Commission's work.

