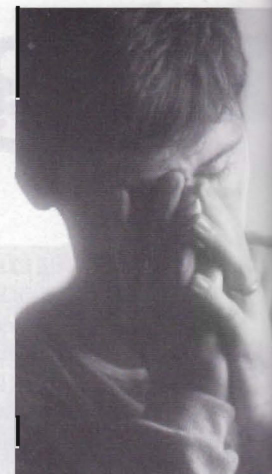
Missed diagnosis

critically assessing the new dual diagnosis guidelines



Guidelines are supposed to define and offer guidance, aren't they? That's what Dr Ira Unell, a consultant and lecturer in substance misuse, thought. Until that was, he read the new dual diagnosis guidelines. We follow his trail in the search for a clear definition of dual diagnosis in this critique of the guidelines.

DUAL diagnosis (the simultaneous occurrence of mental health and substance misuse problems) is by no means a new phenomenon and neither are the problems it presents. What has long been needed is a working definition, as acknowledged by the new Department of Health *Dual diagnosis good practice guide*.

Unfortunately the *guidance* fails to give it. On the one hand it stresses the importance of agreed operational definitions, while on the other it suggests practitioners within each area should define dual diagnosis in a way that suits them and their local needs.

Such an approach is both vague and inconsistent, and will no doubt contribute to the 'postcode lottery', where the area you live defines the type of treatment you will get, or even if you will be treated at all.

SINGLE RESPONSIBILITY

The guidance makes it clear that the responsibility for treating people with dual diagnosis lies with the mental health services. Substance misuse services, it states, should help in advising, training, and collaborative working. It also states that services must be subject to the Care Programme Approach – a system that guarantees a minimum service, based upon need, to a limited number of people with severe mental health problems.

WHAT ABOUT PERSONALITY DISORDER?

The difficult issue of personality disorder is conspicuously missing from the guidance, despite noting that people should not be excluded solely on the grounds of having it. This is potentially a huge and contentious issue. Traditionally most psychiatrists believe personality disorder is not a mental illness but a condition. They also suggest that there is no reliable treatment (especially pharmacological) for this condition. The government, in particular the Home Office, is keen that psychiatrists take more responsibility for serious offenders with a personality disorder. Most psychiatrists are reluctant to do so, and lobbied vigorously and successfully to bring home their point in the new proposed Mental Health Bill.

LACK OF GUIDANCE

Perhaps the main weakness of the guidance is that it leaves diagnoses to individual psychiatrists without stating clearly that someone with a severe mental health problem should automatically be accepted for treatment, regardless of the source of their problem (be it mental health, substance misuse or both). There are omissions in other areas too. The issue of confidentiality is not dealt with adequately and there is no mention of the Human Rights Act. The special problems of those under the age of 18 are also inadequately considered.

HELPFUL GUIDANCE

The strength of the guidance is that it does make some clear distinctions. It recognises that most people with a severe mental illness use alcohol and drugs and that not all need specialist treatment. This will be welcomed by most mental health services that already understand a client's alcohol and drug use must be

DUAL DIAGNOSIS: AN INCREASING PROBLEM

Dual diagnosis has become a major issue for several reasons:

- The simultaneous 'moral panic' about problem drug use (especially crime) and mental health patients living in the community means it attracts a lot of public attention.
- The increase in drug use prevalence has meant that people with mental health problems have greater access to illegal drugs.
- Some people with a dual diagnosis find it difficult to find and sustain treatment while substance misuse services and mental health services argue over who is responsible for care.
- Identifying whether a person's problem is the result of a mental health problem or alcohol/drug use or both is difficult.

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taken into account as part of any treatment. The guidance then states that the focus of dual diagnosis should be on 'those with a severe mental illness and substance misuse problem'. Severe mental illness is defined using the SIDDS test (dimensions of severity, informal and formal care, diagnosis, disability and duration) while problematic drug use includes alcohol but not tobacco and covers non-dependent use. This is helpful advice as it ensures that resources go to those that need it the most.

GOOD WILL

This is mainly an organisational document which could have been more explicit in practical clinical application. What is clearly needed are clinical guidelines based on evidence and not just what someone thinks constitutes 'best practice'. There is much good will in developing dual diagnosis services. Before we can move forward, however, some of the more difficult decisions about helping those with a dual diagnosis will need to be made.

A rock and a hard place

Young people with mental health and drug problems are being refused treatment. **Sarah Wellard** explains how some overstretched services are meeting the needs of an often-difficult client group through integration.

AROUND half of young people with severe mental health problems use illegal drugs. In the words of a young man whose stress-related mental health led to him being sectioned, 'the drugs on the streets are far better than the ones they are giving me'.

Early intervention can dramatically improve the life chances of a young person developing psychotic symptoms. It can also reduce their risk of developing a drug problem. The reality however is that teenagers typically wait for up to 18 months just to access treatment.

THROUGH THE NET

Teenagers often fall between child and adolescent mental health services (CAMHS) and adult services. Andrew Higgins, south west operations manager for Rethink (previously the National Schizophrenia Fellowship) tells a typical tale, 'A colleague with a daughter who was using drugs and developing psychosis took her to children's services and was told, "We don't do psychosis" and that he needed to take her to adult services. When he contacted them, they told him to go back to CAMHS.'

As well as the relatively small number of young people who develop psychosis while still in their teens, there are a much larger number of children with mental health problems who use drugs to cope with difficulties in their lives.

The big problem is services that combine treatment for drug dependency and mental illness in teenagers are almost non-existent.

Dr Mizra, a consultant psychiatrist at the Maudsley Hospital, London believes there is a strong link between trauma and substance misuse. Such young people are 'numbing [their] brain with anything [they] can get'.

Many of the young people he works with have discipline problems related to neglect, abuse and even war-related stress disorders. 'Mental health professionals', he believes, 'have a role here, although by and large people in CAMHS don't feel they have the ability to deal with substance abuse problems.'

REACH OUT

Dr Mizra says that if help is to be effective, professionals need to go out to these young people. To that end he has established a multidisciplinary outreach service based in CAMHS. It involves social services, the voluntary sector, education and youth offending.

Service provision across the country however is very patchy. Mike Hartley, another Rethink operations manager, covers 15 local authorities in Yorkshire and the north east of which only three or four have any service for young people with dual diagnosis.

Maura O'Brien is the coordinator of the multiple needs team of Centrepoint. The London-based homeless charity picks up many young people whose mental health problems go unaddressed.

In line with the Department of Health guidelines, she believes that an integrated approach to supporting people with mental health problems is the best way forward, 'We often find that people have to go around a number of different services. People with crack psychosis are often told by mental health services they have to give up crack. They don't find that very helpful'.

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