Dual Diagnosis

What is Dual Diagnosis?
The term ‘dual diagnosis’ refers to when substance abuse or dependency is diagnosed alongside a mental illness. Two common examples are that of major depression with marijuana addiction, and alcohol addiction with panic disorder. Often the two disorders are treated separately or people may only be referred to one specialist, either in the mental health service or the addiction recovery service. Considering the large numbers of people affected by dual diagnosis it may be more effective to treat people using a more integrated approach i.e. whereby people receive treatment for both disorders at the same time.

What are the Symptoms?
The symptoms that a person with dual diagnosis displays are identified in two parts which sometimes makes it common for one diagnosis to be missed. First are the symptoms associated with any major psychiatric disorder, such as schizophrenia, bipolar mood disorder, or personality disorder (the Mental Health Information Service has fact sheets on all of these). Second are the issues associated with abuse of alcohol and other drugs. These are listed below:

- significant impairment or distress resulting from use
- failure to fulfil roles at work, home, or school
- persistent use in physically hazardous situations
- ongoing legal problems related to use
- continued use despite relationship or financial problems.

Drug/alcohol abuse may or may not involve physiological dependence or tolerance. The symptoms that do indicate dependency or addiction are as follows:

- compulsion and preoccupation with obtaining a drug or drugs
- loss of control over use (losing track of how much has been consumed or feeling unable to stop using)
- continued use despite negative consequences
- tendency for relapse after period of abstinence
- drug induced behaviour e.g. aggression, irritability, changes in thinking or mood.

The main symptom is increased tolerance and withdrawal. This means the same amount of the drug or alcohol has less effect, and the person can tolerate greater amounts without feeling the effects. Withdrawal symptoms occur after physiological dependence has been established and the person cannot acquire the drug or alcohol, or stops taking it for some reason.

What is the Impact of Dual Diagnosis?
The impact of having not one but two diagnoses means that a person often experiences more severe and chronic medical, social and emotional problems than if they were to have just one. They are vulnerable not only to an alcohol and/or drug relapse but also a relapse of their mental health problems. The occurrence of either of these is likely to affect the other in a negative way. Treatment and relapse prevention must therefore be specifically catered
to the person, and will often take longer, come across more obstacles, and progress only gradually.

**What are the Causes?**
The causes of psychiatric illness and drug and alcohol abuse are complex. The evidence that people with mental illness are more likely to abuse alcohol and other drugs, or that those who abuse alcohol and other drugs are more likely to develop some form of mental illness, indicates that the causes are likely to be complex. This is outlined in the statements below:

- drug use can cause psychiatric symptoms and mimic psychiatric syndromes
- drug use can initiate or worsen a psychiatric disorder
- drug use can mask psychiatric symptoms and syndromes
- drug withdrawal can cause psychiatric symptoms and mimic psychiatric disorders
- psychiatric behaviours can mimic drug use problems
- drug and alcohol abuse can make side effects from medication worse, and more likely to occur.

**Getting an Assessment**
Before any treatment takes place it is necessary to obtain a detailed history of both the psychiatric and substance abuse symptoms. Important information on psychiatric status includes: chief complaint/presenting symptoms; family history; personal history; medical history; psychiatric history; history of present illness; and assessment of current mental state. Important information on substance abuse includes: types of drugs used; age of onset; amount now being used; maximum amount; frequency; route; last used; maximum clean time; number of detoxes; history of withdrawal symptoms. This information will be necessary to construct an individual treatment programme.

**What kind of treatment is available?**
Our present mental health service has evolved to address single disorders. However many treatments for specific illnesses can be adapted to address other problems. Treatment for people with dual diagnosis may be more effective if the two diagnoses are dealt with at the same time as the two are often related (e.g. drug use to cope with symptoms of mental disorder). It has been recommended that during treatment administration, both conditions need to be regarded as primary, without one being seen as the cause of the other. Some of the treatment options available (dependent on the severity of symptoms) are as follows:

- drugs prescribed by a psychiatrist can be tailored to reduce side effects and control symptoms of mental illness. Honest discussion of prescribed and recreational drug use can be a good first step in controlling overall drug use.
- counselling and psychotherapy involves working with a therapist on developing inner strengths, capabilities, resources and potential. It looks at developing personal strategies to reduce drug use.
- cognitive-behaviour therapy uses a number of strategies to change behaviour. These might include changes in thinking about drug use, rewards for positive changes and strategies to help reduce drug use. This therapy doesn't look at why the person is using.
- working towards the person wanting to stop abusing and helping people to recognise the greater benefits in changing behaviour. It focuses on increasing the use of internal resources.

**What can I do to help myself?**
- learn to recognise personal 'high-risk' situations and apply specific coping skills and strategies to avoid drinking or using
avoid environments where substance abuse occurs, e.g. parties where people are likely to drink heavily, friends who are heavy drinkers

join a self-help group where you can talk to others about their experiences and provide mutual support

enlist the support of family and friends.

**Mental Illness and Intellectual Disability**
The term ‘dual diagnosis’ is also used to refer to people with both a mental health problem and an intellectual disability. Between 1.5 and 2.0 % of Australians have this kind of disability, and while some types of intellectual disability increase vulnerability to psychotic illnesses, many do not develop mental health problems. However, those that do have this form of dual diagnosis also have difficulties obtaining an accurate diagnosis, and finding effective treatment and care. Treatment options include a range of medication and both cognitive and behavioural programs.

**Where to go for further help**
- Mental Health Information Service: 1300 794 991
- Your local Community Health Centre or Mental Health Team (under ‘C’ in the White Pages)
- Your General Practitioner
- Alcohol and Drug Information Service: 1800 422 599 or (02) 9361 8000
- Alcoholics Anonymous: 9599 8866  www.aa.org.au
- Al-Anon Family (for families and friends) 9570 3400  www.al-anon.alateen.org/australia
- Narcotics Anonymous Fellowship Service Office: 9565 1453 or 1300 652 820 (Recorded Information)  www.fso.com.au

**Books**


**Telephone Interpreter Service 131 450**
If English is not your first language please call the Mental Health Information Service through the Telephone Interpreter Service (TIS). This service is free to non-English speaking Australian citizens or permanent residents. TIS have access to interpreters speaking more than 120 languages and dialects.

**References**
- Dual diagnosis recovery network for advocacy, self-help, information and referral  www.dualdiagnosis.org/
- www.thenadd.org - An association for persons with developmental disabilities and mental health needs
- Dual diagnosis email group: www.angelfire.com/journal/bipolaralcoholic/
- www.draonline.org
What is the difference between psychiatrists and psychologists?

Psychiatrists are medically trained doctors who specialise in the treatment of mental illness. Like GPs they can prescribe, administer and monitor medication. Psychiatrists do not advertise so it is up to your GP to refer you to someone appropriate.

Psychologists are trained in human behaviour and use a range of therapies to treat patients. They provide services including assessment, psychological testing, and various types of psychotherapy and counselling.

Medicare rebate for psychologists

A Medicare rebate is now available for a number of sessions per calendar year with a registered psychologist* with a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, i.e. a GP, psychiatrist or paediatrician.

The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition.

The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost.

For further information about the rebate or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 www.psychology.org.au.

* Similar Medicare rebates also exist for mental health accredited social workers and occupational therapists.

Mental Health Resource Centre

The Resource Centre contains material that promotes a better understanding of mental health issues. New books and DVDs are purchased on a regular basis and visitors are welcome to come in and browse.

Members of MHA, CAG and ARAFMI may check-out resources on loan. The length of the loan is 3 weeks. Membership costs between $10 - $30 per individual per annum. Please note that most of the reference books are not available for loan.

You will find the Resource Centre Booklist on our website: www.mentalhealth.asn.au for further information contact 1300 794 991.

Disclaimer

This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed. The listed websites provide additional information, but should not be taken as an endorsement or recommendation.

This information may be reproduced with an acknowledgement to the Mental Health Association NSW. This and other fact sheets are available for download from www.mentalhealth.asn.au. The Association encourages feedback and welcomes comments about the information provided.

This fact sheet was last updated in July 2010.