

Dual diagnosis is the term to describe people who have severe mental health problems and drug or alcohol problems. The mental health problems may include schizophrenia, depression or bi-polar disorder, manic depression or personality disorder

This fact sheet provides information and resources on the following aspects of dual diagnosis:

1. Dual diagnosis: mental health problems and substance misuse
2. What are the symptoms of dual diagnosis?
3. How does dual diagnosis develop?
4. What is 'substance misuse'?
5. How can dual diagnosis be treated?
6. Risks associated with dual diagnosis

1. Dual diagnosis: mental health problems and substance misuse

The following psychiatric problems are common in dual diagnosis:

- Depressive disorder, such as depression and bipolar disorder
- Anxiety disorders, including generalised anxiety disorder, panic disorder, obsessive compulsive disorder and phobias.
- Other psychiatric disorders, such as schizophrenia and personality disorders.

Having a mental health diagnosis significantly increases your risk of misusing alcohol and drugs. The following table, taken from a National Institute of Mental Health study lists severe major psychiatric disorders and shows how much each one increases an individual's risk of substance misuse.

Psychiatric disorder	Increased risk of substance misuse
Antisocial personality disorder	15.5%
Manic episode	14.5%
Schizophrenia	10.1%
Panic disorder	4.3%
Major depressive episode	4.1%
Obsessive-compulsive disorder	3.4%
Phobias	2.4%

Therefore, someone suffering from schizophrenia is at a 10.1% higher-than-average risk of having an alcohol problem or misusing drugs. People with these disorders are frequently seen within mental health services but are often found outside these systems of care, often among the homeless, and within the criminal justice system.

2. What are the symptoms of dual diagnosis?

Both mental health and substance misuse problems affect an individual physically, psychologically, socially and spiritually. The symptoms of dual diagnosis interfere with a person's ability to function effectively and affect his/her relationship to themselves and with others. Not only is an individual affected by the symptoms of two or more diagnoses, but the symptoms from each may interact with one another and make each other worse, making relapse more likely.

The diagnosis of a mental health problem must be made by a doctor or psychiatrist, but as the symptoms of drug induced psychosis and psychotic illness can overlap and even mask each other making an accurate diagnosis and giving appropriate treatment can be very difficult. It is important that if you suspect someone you know to have a drug or alcohol problem and is showing signs of mental illness, or where someone with a mental illness is misusing drugs and/or alcohol that you talk to them about getting a mental health assessment or a review of their treatment.

Signs and symptoms of substance misuse

It is important to say first that it is easy to make mistakes with regards to signs and symptoms of substance misuse, so care must be taken not to make premature assumptions about individuals. Some signs and symptoms of substance misuse may be:

- Abrupt changes in work or school attendance, quality of work, grades, discipline
- Unusual flare-ups or outbreaks of temper
- Withdrawal from responsibility and prolonged depression
- General changes in overall attitude and personality
- Deterioration of physical appearance and self neglect
- Association with known substance misusers
- Unusual borrowing of money from friends, co-workers or parents
- Stealing small items from employer, home or school

Other problems and consequences that are associated with dual diagnosis include:

- Family problems or problems in intimate relationships.
- Isolation and social withdrawal.
- Financial problems.
- Employment or school problems.
- High risk behaviour while driving.
- Multiple referrals to drug and alcohol services and rehabilitation units.
- Multiple admissions for psychiatric care due to relapse
- Increased casualty/accident and emergency admissions.
- Increase need for health care services
- Legal problems and possible incarceration.
- Homelessness
- Higher risk of self-harm and suicide.

3. How does dual diagnosis develop?

The reasons why people use will be as varied as the individuals themselves. Some may enjoy the experience, wish to improve their sex life or hope to lose weight. Others who are socially excluded may find a sense of community with other drug users.

For some, drug taking may be an escape from too much pressure. For others, it may be that boredom; peer pressure or a lack of opportunity is a trigger. Either way, it can be all too easy to create a vicious circle whereby using to escape problems only creates more problems and hence a greater need to escape.

There are several theories to explain why individuals with severe mental illnesses are vulnerable to the misuse of substances, and how the mental illness-substance misuse relationship co-exists:

Self medication theory

This theory suggests that people with severe mental illnesses start to use a particular substance to relieve a specific set of symptoms and to deal with side effects of anti psychotic medication. This would mean that substances are not chosen at random, but are selected for their unique effects. For example, stimulants such as nicotine or amphetamines are used as ways to deal with sedation caused by high doses of certain types of antipsychotic medication.

'Alleviation of dysphoria' theory

This theory simply means that individuals with severe mental illness often experience dysphoria (feeling bad) and that this makes them prone to using substances which alleviate (reduce) these feelings. Research on self-reported reasons for using substances seems to support this idea that the experience of these feelings is the primary motivator for drug and alcohol misuse.

Multiple risk factor theory

Although there is general support for the 'alleviation of dysphoria' (reducing bad feelings) theory, there are still many possible factors in the life of a person which make some one with a mental illness more at risk of using substances. These are called 'risk factors' and they include:

- Social isolation
- Poverty
- Lack of structured daily activity
- Lack of adult role responsibility
- Living in areas with high drug availability
- Association with people who already misuse drugs
- Other evidence suggests that past traumatic events, such as sexual abuse, are associated with the development of psychiatric problems and substance abuse.

The experience of sexual abuse is high in individuals seeking help for mental health problems, especially in women, with one in every two women with dual diagnosis reporting past sexual abuse.

'Supersensitivity' theory

This final theory says that some people with severe mental illness have biological and psychological vulnerabilities, which are caused by genetic and early environmental events in their life. This means that there is a particular vulnerability to stressful life events, so that experiencing something stressful will either cause a mental illness or trigger a relapse in an existing illness.

The theory states that although anti-psychotic medication can reduce the vulnerability, substance abuse may increase it, causing the individual to be more likely experience negative consequences from using relatively small amounts substances. These individuals therefore, are "supersensitive" to the affects of certain substances. The supersensitivity theory provides a good explanation of why relatively low levels of substance use often result in negative consequences for individuals with severe mental illness.

Professionals specialising in mental health and substance misuse problems increasingly believe that brain disorders and substance misuse disorders are biologically based. Because having a substance misuse disorder increases your risk of developing mental health problems and vice versa, it is important to look at some of the causes of each disorder as well as reflecting on how each may be a cause of the other.

4. What is 'substance misuse'?

Many of us use legal drugs like caffeine, nicotine, or alcohol without much thought. Their use is socially acceptable and, in some circumstances, encouraged. We may even consume unwise levels or have a temporary dependency without having a long-term dependency problem. It is important to note that some people may also take illegal drugs occasionally without being dependent on them – eg a recreational cocaine user.

The line between use and misuse is a fine one and will vary from individual to individual. However, a useful working definition of use and misuse has been developed by the drugs agency, Drugscope:

- **Drug use:** this refers to the taking of a drug, either by swallowing, smoking, injecting or any other way of getting it into the bloodstream. Drug use is used to refer to drug taking that, although it has some risk, is not necessarily wrong or dangerous. The term does not imply that drug taking is wrong and is therefore preferred by many not wishing to value-judge the taking of drugs.
- **Drug misuse:** implies use outside medical use and which is harmful or done in a wrong way. It refers to use that is dependent or part of a problematic or harmful behaviour. This is preferable to the older term drug 'abuse' which can imply a

moral judgement.

People start taking drugs for a number of reasons. They may include: curiosity, risk taking, enjoyment, belief that the drug helps physical or mental performance, belief that the drug is harmless, belief that the drug will help stress, depression or other symptoms of mental illness, seeking altered sensations, image, positive images in the media, rebellion against authority/parents/the law, peer pressure.

Some people also describe using drugs to cope with trauma e.g. physical, emotional or sexual abuse, school failure, or relationship problems, or because they have seen other family members using. Many people continue to use drugs on an experimental or recreational because they like what the drugs do to their brains, and the effect they get.

What are the effects of substance misuse?

Substances can be divided into broad groups with a range of effects:

- Stimulants (uppers): Include cocaine/crack, amphetamines and ecstasy. These generally stimulate and speed up body processes. They are risky for people with heart and blood pressure problems and can also cause or mimic mania, anxiety, depression or paranoid psychosis.
- Depressants (downers): Include opiates and opioids such as heroin, varieties of painkillers, tranquillisers and alcohol. These can cause loss of motivation and interest in surroundings, other people or oneself. Self-neglect, self-harm and even suicide can follow. It is easy to overdose on downers particularly where there is alcohol use.
- Hallucinogens: Include cannabis, ecstasy, LSD and magic mushrooms. These will cause intensified and mixed up sensations, delusions, hallucinations, impaired judgement and reasoning. Skunk, a noxious smelling product, is a stronger 'home grown' variety of cannabis that can cause hallucinations and paranoia. Hallucinogens are unpredictable and can trigger a latent mental illness.
- Volatile Substances: Varieties of solvents such as glue, aerosols and lighter gas fuel. These can act as either stimulants or depressants. They can also cause people to behave in an uninhibited way and to experience hallucinations.

5. How can dual diagnosis be treated?

Increasingly, psychiatrists and drug counsellors agree that both disorders must be treated at the same time. Early research has shown that when mental illness and

substance misuse are treated together, suicide attempts and psychotic episodes are reduced.

Treatment of people with dual diagnosis can be difficult because typically their needs are complex and often long-term. They may also be difficult to engage and motivate, and have poor medication compliance. There are also social factors to take into account such as lack of housing or access to benefits, which also prevent successful treatment. An integrated approach to treatment has been found to be most successful as follows:

- Initially, the mental health team should make contact with the person and show them what it has to offer, provide social support, and involve carers and family if appropriate.
- When an initial relationship has been established, mental health workers should work to help clients understand the nature of their problems and what can be done about it. At the same time counselling skills like motivational interviewing can be used to help motivate the person into making change.
- Active treatment combines medication to treat the mental illness, education, family involvement and cognitive behaviour therapy. Two important factors to the success of treatment are the development of new coping skills and a social network.
- The final step of treatment is the prevention of relapse. The person is taught to identify situations in which they may become vulnerable to substance misuse and to learn how to deal with these situations.

6. Risk associated with dual diagnosis

Both substance misuse and untreated mental illness are associated with a greater risk of suicide. It is estimated that 16% of all substance misusers will take their own lives. Research shows that individuals with a dual diagnosis are at a further increased risk of suicide. This increased risk may be due to the deterioration of an individual's mental health problems by substance misuse, and as a result, there is a greater risk of self harm or a suicide attempt. Substance misuse has also been shown to play a key role in the transition from suicidal thoughts in people with mental illness to actual suicide attempts. Severe depression accompanied by substance misuse is one of the most frequent causes of suicide.

Dual diagnosis is also associated with an increased risk of violence to others. Aggression is another factor which increases the risk of suicide.

Further information

This section provides further information for people with a dual diagnosis, their friends, family and carers.

The **Rethink National Information and Advice Service** provides information and advice on a number of issues affecting people with severe mental illness, their friends and family, carers and professionals. They can be contacted on:

Rethink National Information and Advice Service
15th floor
89 Albert Embankment
London
SE1 7TP

Tel: 0845 456 0455 or 020 7840 3188
Mon, Wed, Fri 10am-3pm, Tues, Thurs 10am-1pm
Email: advice@rethink.org

Turning Point is a social care organisation working with individuals and their communities across England and Wales in the areas of drug and alcohol misuse, mental health and learning disabilities. They have particular expertise in working with people with dual diagnosis.

New Loom House, 101 Backchurch Lane, London, E1 1LU
Tel: 020 7702 2300 Email: info@turning-point.co.uk
Web: www.turning-point.co.uk

Addaction is a drug and alcohol treatment agency. They have services all over the country which deal primarily with drug and alcohol problems but some offer mental health assessments, legal advice and help with the criminal justice system.

67-69 Cowcross Street, London, EC1M 6PU
Tel: 020 7251 5860
Email: info@addaction.org.uk
Web: www.addaction.org.uk

Adfam is a national charity for families and friends of drug users. It offers confidential support and information. Callers can ring as often as they need and Adfam will call people back if the cost of a call is a problem.

Waterbridge House, 32-36 Loman Street, London, SE1 0EH
Tel: 020 7928 8898 Open 10am-5pm. Answer phone out of hours.
Email: admin@adfam.org.uk
Web: www.adfam.org.uk

Al-Anon Family Groups is a service for families and friends of alcoholics. Al-Anon family groups provide understanding, strength and hope to anyone whose life is, or has been, affected by someone else's drinking.

Al-Anon Family Groups, 61 Dover Street, London, SE1 4YF
Tel: 020 7403 0888 Open 24 hours a day, 365 days a year
Web: www.al-anonuk.org.uk

Alcohol Concern is the national agency on alcohol misuse. They work to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems.

Alcohol Concern, Waterbridge House, 32-36 Loman Street, London, SE1 0EH

Tel: 020 7928 7377

Email: contact@alcoholconcern.org.uk

Web: www.alcoholconcern.org.uk

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. They can provide a comprehensive list of private clinics around the country for drug, alcohol and other addictions on request.

PO Box 1, Stonebow House, Stonebow, York, YO1 7NJ

Tel: 01904 644 026

Open 10am-10pm, 7 days a week, (365 days a year)

Web: www.alcoholics-anonymous.org.uk

Cocaine Anonymous is a fellowship of men and women who use the 12 step, self-help programme to stop cocaine and all other mind-altering substances.

Helpline: 0800 612 0225 or 020 7284 1123 (10am – 10pm everyday)

Email: helpline@cauk.org.uk

Web: www.cauk.org.uk

Drinkline is the national alcohol helpline. They provide information and self-help materials for help callers worried about their own drinking, and to support the family and friends of people who are drinking. They are confidential, you do not have to give your name and they can provide advice on where to get help.

Tel: 0800 917 8282 (9am – 11pm Monday - Friday)

DrugScope provides information and publications on a wide range of drug related topics.

32-36 Loman Street, London, SE1 0EE

Tel: 0207 928 1211

Email: info@drugscope.org.uk

Web: www.drugscope.org.uk

Early Break Drugs Project is a counselling, support and information service for young people and their families and carers on matters relating to drug and alcohol use.

Early Break, PO BOX 294, Bury, BL9 0YY

Tel: 0870 389 2080

Email: info@earlybreak.co.uk

Web: www.earlybreak.co.uk

Frank (formerly National Drugs Helpline) is a campaign from the Department of Health and the Home Office which provides information and advice on drugs to anyone concerned about drugs and solvent misuse, including drug misusers, their families, friends and carers.

Tel: 0800 77 66 00 Daily 24 hour service
Email: frank@talktofrank.com
Web: www.talktofrank.com

Narcotics Anonymous is a fellowship of men and women for who drugs has become a major problem. Using the 12 step self-help model, recovering addicts meet regularly to help each other stay clean. They have meetings all over the country.
Helpline: 0845 373 33 66 or Tel: 020 7730 0009 Open 10am -10pm, 365 days a year.
Web: www.ukna.org

Release is a national 24-hour helpline offering advice and information on drug-related problems. They also have expertise in legal matters surrounding drugs.
388 Old street, London, EC1V 9LT
Helpline: 0845 4500 215 or Admin: 020 7729 5255
Email: ask@release.org.uk
Web: www.release.org.uk

TASHA (tranquilisers, anxiety, stress help association) provides confidential information, support, training and counselling to individuals affected by mental health difficulties and problematic benzodiazepine use.
Alexandra House, 241 High Street Brentford, Middlesex, TW8 ONE
Tel: 0208 569 9933
Out of hours helpline (5pm – 9am): 0208 560 6601
Email: enquiries@tashs-foundation.org.uk
WWW: <http://www.tasha-foundation.org.uk>

Dual Diagnosis resources

Rethink have produced a series of materials in conjunction with Turning Point and Adfam for professionals working in any service where they may come into contact with people with a dual diagnosis. The materials include: a networking tool for practitioners and suggestions booklet on use of the tool, a leaflet for families and carers and the Dual Diagnosis Toolkit.

These materials are available from the www.mentalhealthshop or by contacting Rethink on 0845 456 0455.

We welcome your feedback on our information

The National Information & Advice Service welcomes your feedback on whether our information was helpful to you.

You can provide feedback in the following ways:

By email: Please email your feedback to us at feedback@rethink.org.

By post: You can write to us at the following address:

National Information & Advice Service
Rethink
15th Floor
89 Albert Embankment
London
SE1 7TP.

By telephone: You can call us on 0845 456 0455 or 020 7840 3188.

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