

Sciacca Comprehensive Service Development for MIDAA ®:
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DUAL DIAGNOSIS, CO-OCCURRING MENTAL ILLNESS, DRUG ADDICTION AND ALCOHOLISM (MIDAA®)-INCLUDING HIV. **FACT SHEET:**

WHAT IS DUAL DIAGNOSIS?

DUAL DIAGNOSIS MEANS THE PRESENCE OF MORE THAN ONE DISORDER (CAN BE MULTIPLE DISORDERS) ALSO REFERRED TO AS CO-OCCURRING DISORDERS. SPECIFICALLY CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE DISORDERS:

DUAL DIAGNOSIS PROFILES:

- Severe persistent mental illness (SPMI) and a substance disorder(s) may include HIV.
- Substance disorder(s) and a personality disorder(s) may include HIV.
- Substance disorder(s), personality disorder(s) and substance induced acute symptoms that may require psychiatric care, i.e., hallucinations, depression, and other symptoms resulting from substance abuse or withdrawal.
- Substance abuse, mental illness, and organic syndromes in various combinations. Organic syndromes may be a result of substance abuse, or independent of substance abuse.

People who have various combinations of dual/multiple disorders are found across the mental health, substance abuse, and primary health care – HIV systems. Also outside of these systems, among the homeless and in the criminal justice system.

Dual Diagnosis: Dual Diagnosis refers to mental illness and substance disorders. It also refers to mental illness and developmental disabilities.

Co-occurring Disorders: Refers to co-occurring mental illness and substance disorders in various combinations.

Co-morbidity: In medicine literally means "additional morbidity" is either: the presence of one or more disorders in addition to a primary disease or disorder; or the effect of additional disorders. The term dual diagnosis is often applied to the co-morbid existence of both a mental disorder and a developmental disability and a mental illness and a substance disorder.

Acronyms that define profiles of dual disorders:

MICAA: Mentally Ill, Chemical Abusers, and Addicted. Denotes the severely mentally ill chemical abuser (Sciacca, 1991; 2009). Example: Schizophrenia and alcoholism.

MISA: Mentally Ill Substance Abuser. Denotes various combinations of dual disorders with or without severe mental illness. May also include trauma

MIDAA® *This denotes the inclusion of Mental Illness, Drug Addiction and Alcoholism in various combinations as dual/multiple disorders.

CAMI: Chemical Abusing Mentally Ill. This denotes Chemical abuse or dependence with personality disorders (but without severe mental illness). Example: Cocaine dependence and borderline personality disorder May also include trauma.

CAMI -With substance induced psychotic episodes: Same as CAMI (above) with induced acute symptoms as a result of substance abuse or withdrawal. Example: Antisocial personality disorder, methamphetamine addiction and substance induced psychosis (Sciacca, 1991; 2009).

COD: Co-Occurring Disorders: Refers to mental illness and substance disorders in various combinations.

How common are co-occurring disorders – what is the prevalence?

- Approximately 50 percent of individuals who have severe persistent mental illness (SPMI) are also affected by substance abuse.
- Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.
- Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs. (Journal of the American Medical Association JAMA—reports; National Alliance for the Mentally Ill –NAMI)
- 42.7 percent of individuals with a 12 month addictive disorder had at least one twelve-month mental disorder.
- 14.7 percent of individuals with a 12 month mental disorder had at least one twelve-month addictive disorder. (National co-morbidity survey, 1990 & 1992).
- 47 percent of individuals with schizophrenia also had a substance disorder.
- 61 percent of individuals with bipolar also had a substance disorder. (Epidemiologic Catchment Area Survey, 1980-1984).

Some potentially harmful effects of dual diagnosis:

- Chemical changes and imbalances inherent in mental illness and substance abuse may result in induced symptoms and exacerbation. Mental health symptoms may result in increased substance abuse and relapse into either or both disorders. Substance abuse may exacerbate mental health symptoms and relapse into acute symptoms. Example: Cocaine may elevate dopamine and result in psychosis.
- People who have dual/multiple disorders have a statistically greater risk for *medication noncompliance; *failure to respond to treatment; *problems that

- extend to families, friends and co-workers; *diminished effectiveness of medication; than people who have a mental illness or substance disorder alone.
- Have *poorer functioning; *a greater chance for relapse; *more hospitalizations and treatment trials that are not successful; *more incidences of physical illness; and *more episodes of psychosis than people who have a singular disorder.
 - People who have dual/multiple disorders are more likely to be homeless or incarcerated.
 - Fifty percent of homeless adults with severe mental illness have a co-occurring substance disorder.
 - Sixteen percent of all jail and prison inmates are estimated to have severe mental health and substance disorders.
 - Among detainees with mental disorders, 72 percent also have a substance disorder.
- (National Alliance for the Mentally Ill, NAMI).

What is being done about treatment and services for dual diagnosis?

- Historically our systems and service have evolved to provide treatment for singular disorders: mental illness, drug addiction; alcoholism, HIV, etc. This resulted in treatment failure for the dually diagnosed and in their falling out of the mental health and substance abuse systems. This is followed by the downward spiral into homelessness, criminal justice involvement and lack of any treatment.
- In 1984 “integrated treatment” evolved in the New York State Psychiatric Care System (Sciacca, 1987; 1991). This state-wide initiative focused on implementing integrated treatment across systems of mental health, substance abuse, homeless services and the criminal justice system. Staff development and cross-training was implemented. This initiative has since been replicated across a number of states, cities, counties, communities and programs (Sciacca & Thompson, 1996).
- Integrated treatment means that both mental illness and substance disorders are treated within a single program. Examples: a mental health clinic includes dual diagnosis group treatment and individual services; a substance abuse treatment clinic includes dual diagnosis group treatment and individual services. This extends to detoxification programs, residential programs, homeless services, methadone maintenance programs, rehabilitation programs and so forth.
- In 1984 a new model of treatment for dual diagnosis evolved within New York State (Sciacca, 1987; 1996). It included: screening; engagement; a non-confrontational approach; working with clients at their level of readiness to address symptoms; recognition and tracking of incremental change from “denial” through “recovery;” provider-client collaboration; psycho-education groups; staff development and training; clinical and program materials; co-occurring clinical assessment; (Sciacca, 1990-2009) and implementing an integrated program track within all treatment program models, across systems and services and state-wide (Sciacca, 1987,1991,1995,1996,2009; Sciacca & Thompson,1996). The treatment approach matches each client’s readiness level to address various symptoms; the group process includes phase specific objectives (Sciacca,1991;2009).
- Consensus (SAMHSA,1998) and research (Drake,McHugo,,2006) have borne out

that integrated treatment is more effective than parallel or collaborative treatment.

- It is recommended that all services that address acute symptoms administer drug and alcohol screening to avert overlooking the presence of substance abuse or withdrawal in clients who present with acute mental health symptoms.
- All programs and services must include a screening tool to screen for co-occurring disorders at the point of intake and a protocol that directs those who screen positive into comprehensive dual diagnosis care.
- There are numerous initiatives, grant funded projects and a body of literature in the dual diagnosis field.
- There continues to be a serious shortage of integrated treatment services for people who have dual disorders.

For dual diagnosis services visit the Dual Diagnosis Program Directory:

<http://cgibin.erols.com/ksciacca/cgi-bin/db.cgi>

References:

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NOTE: Some Sciacca articles are at the dual diagnosis website and some at Scribd:

<http://www.scribd.com/doc/16682858/Removing-Barriers-Dual-Diagnosis-Treatment-and-Motivational-Interviewing-Kathleen-Sciacca>