



Educate, Advocate and Serve

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DUAL DIAGNOSIS

Most literature agrees that individuals with a dual diagnosis are **generally** mentally ill young adults (age 18-40) with substance abuse problems. They represent a group that would have been institutionalized before the policy of "deinstitutionalization" was implemented into our mental health planning several decades ago.

Some general characteristics of this population are:

- 1 They are likely to refuse treatment
- 2 Young transient males
- 3 They have intermittent involuntary stays with acute care facilities
-detox, hospitals, crisis homes
- 4 They have frequent visits to ER's psychiatric units
- 5 They have poor socialization, vocational and living skills
- 6 They have limited or no social supports
- 7 They decompensate under mildly stressful situations
- 8 They acquire multiple diagnoses over time

The prevalence rate of substance abuse among the psychiatric population varies widely. Depending on which study is consulted, a range of 20-73% of the psychiatric population use drugs and alcohol. The chronically mentally ill use drugs at a high rate than age-matched peers. Research also indicate they have lower thresholds for frustration and stress.

Studies hypothesize two reasons for high substance abuse among the psychiatric population:

- 1 They are more likely to be accepted by others who use drugs & alcohol. Therefore, they have a means of socialization and gain a "support system."
- 2 Substance use is a means of self-medication that helps to cope with their psychiatric symptoms without the interference of mental health professionals.

Features of dual diagnosis patients:

- 1 2 or 3 more hospitalizations than the average psychiatric patient
- 2 Increased physical problems (even with mild/social use)
- 3 Increased housing instability and homelessness
- 4 Increased violent and bizarre behavior (may result in incarceration)
- 5 Increased suicide rates
- 6 Pervasive affect on everyday functioning
- 7 Economic costs are tremendous - \$12,400 annually for treating dually diagnosed patients

Polysubstance abuse is common in most mentally ill persons with a dual diagnosis. What they choose to use depends on what is available.

Frequently these individuals reject the patient role and see themselves as victims. They demand and refuse treatment, fail to follow through with services and discontinue medications at will. A danger in this is that patients who reject the patient role may be rejected by the care-giver. These individuals are often referred to as "misfits" who are out of tune with existing services. In the past, management of the dual diagnosis patient could be described as "ping-pong" therapy as they were constantly bounced back and forth between mental health and substance abuse systems.

The current need is to combine our existing programs so that patients will receive treatment regarding both their problems, regardless of the treatment setting.