Multi-disciplinary Collaboration On Management Of Patients With Dual Diagnosis

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Clinical assessment

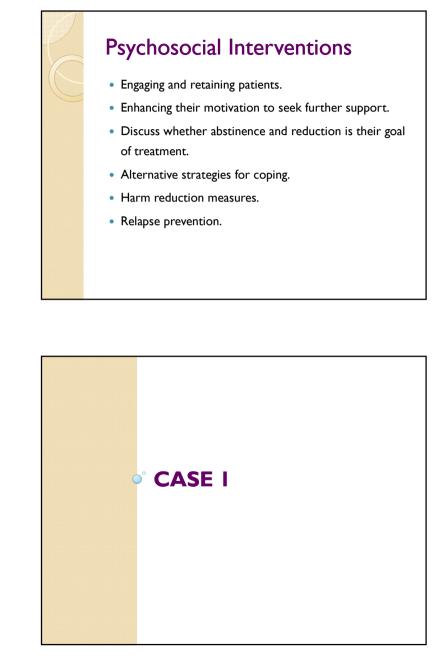
- Information collection.
- Good opportunity to engage, educate and motivate the patient for change.
 - Be empathic and non-judgemental.
- Clear goal(s) of assessment.
- Different presentations.
- Check the understanding of the symptoms.
- Clarify the health needs and other psychosocial needs.
- Confidentiality issues.

Assessment

- Screening
 - Detect SA in all psychiatric patients.
 - Detect psychiatric problems in all SA patients.
 - Self-report / informant report / laboratory tests (urine / hair analysis).
- Diagnostic assessment after detoxification
 - Drug induced disorders Vs Primary comorbid psychiatric disorders

Integrated Treatment

- Same staffs treating both disorders in the same setting.
- Effective components.
 - Assertive outreach to facilitate engagement.
 - Case management.
 - ^o Longitudinal, stage-wise, motivational approach.
 - Rehabilitation.
 - Housing.
 - Pharmacotherapy.

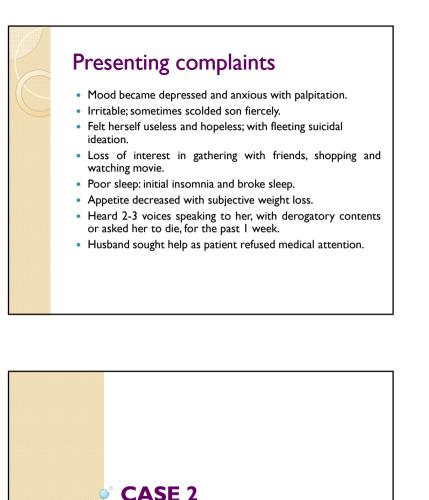


Psychosocial Interventions

- Brief psychological therapies.
 - By front-line workers.
 - Brief advice or information regarding SA problem, personal risks of substance, safe levels, self-help materials.
 - Opportunity for patient to express anxiety or discuss the results of screening or blood tests.
- Intensive psychological interventions.
 - ^o For those with complex needs.

Ms CHAN

- F/44, married, housewife, lives with husband (a restaurant kitchen worker) and 10 years old son.
- History of self-harm by slashing her neck and left wrist precipitated by relationship problem 10 years ago.
- Heroin abuser for more than 10 years, by chasing dragon method,
- She has been on methadone 45mg daily for the past 2 months.
 - $^{\circ}\,$ Because she planned to quit at the methadone clinic for her son.
- Poor relationship with her husband.
 - She suspected her husband had EMA.



Mr Wong M/45, single, unemployed, lives alone in a rented room. He was known to SA Clinic since 2008 because of meth (ice) abuse. He tried abstinence but reinstated shortly after.

Formulation

• Depression

• Self harm

• Special needs:

• Child care

• Opiates Dependence

• Opiates detoxification

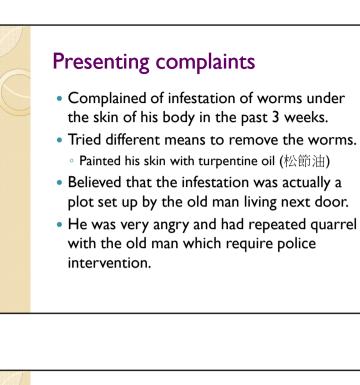
Violence to son and husband

• Limited insight to her depression

• Diagnosis:

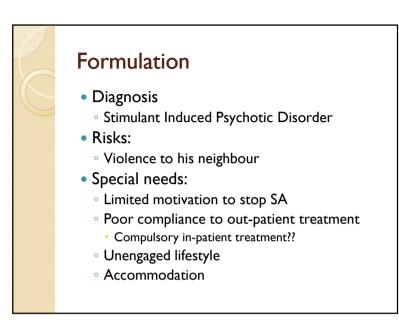
• Risks:

- He was prescribe with medication but the compliance was poor.
- At present, he smoked I small pack of meth every other day.
- He still heard a male voice criticising his behaviour for the past 1 year.



Summary

- Patients with dual diagnosis have complex needs.
- Clinical:
 - Substance Abuse
 - Comorbid psychiatric disorder(s)
- Psychosocial:
 - Relationship
 - Vocational
 - Accommodation
 - Financial



Summary

- Psychosocial interventions
 - $^{\circ}$ Enhance the motivation to change
 - $^{\circ}$ Enhance the problem solving skills
 - Enhance the compliance to treatment and rehabilitation
 - $^{\circ}$ Enhance the relapse prevention skills
- Multi-disciplinary team approach
- Different levels of care

