

Twin Rivers Recovery Centre Dual Diagnosis (Addiction & Mental Health Diagnosis)



Dual diagnosis is a term which means the co-occurrence of an illness in the mind and problems with substances abused. People who experience these phenomena often face a wide range of psychosocial issues and may experience multiple interacting illnesses. In dual diagnosis, both illnesses may affect the person physically, psychologically, socially, and spiritually. The two illnesses interact with one another. The illnesses may aggravate each other and each disorder predisposes to relapse in the other disease. At times the symptoms can go beyond and even mask each other making diagnosis and treatment very hard.

Several theories have been formulated to explain the relationship between psychiatric disorders and substance abuse problems. For one, the causality theory suggests that certain types of substance abuse can causally lead to mental illness. Findings on the origins of schizophrenia showed that it can also be a result of using cannabis. Moreover, the self-medication theory suggests that people with severe mental illness misuse substances in order to reduce a certain set of symptoms and counteract the side-effects of antipsychotic medication. Certain studies illustrate that nicotine could be useful for decreasing motor side-effects of antipsychotics. Similarly, the alleviation of severe depression theory suggests that people with severe mental illness commonly feels bad about themselves and that this makes them vulnerable to using psychoactive substances to alleviate these feelings.

The problem with dual diagnosis is that most often, only one of the two interacting illnesses is identified. Moreover, the patient tends to be in denial with one of the illnesses. An individual diagnosed with a mental disorder may be in denial about the drinking or substance abuse. Or, the other way around could occur. The obvious substance abuse could mask the mental disorder. Therapists, psychiatrists, and professional counsellors are having a hard time identifying both illnesses due to psychiatric symptoms can be covered up by alcohol or drug use. Furthermore, alcohol or drug use, or withdrawal from alcohol or other drugs can mimic or give the appearance of some psychiatric illnesses. Also, untreated chemical addiction could add to a reoccurrence of psychiatric symptoms, and untreated psychiatric illness could contribute to an alcohol or drug relapse.

An alcoholic once shared that society can be a problem because alcoholism is not seen as an illness. Moreover, it looks like that they do not realize how useless it is to treat one illness but not the other. The tendency is that doctors may prescribe antidepressants to their patients without screening them for substance abuse. The addict/alcoholic whose depression is not cured will continue to fail at the attempt to get clean and sober. Those with depression whose substance abuse is not detected will get sicker because alcohol is a depressant and with every sip they are throwing gasoline on their simmering bipolar. Consequently, it is difficult for these people to find appropriate treatment. Most substance-abuse centers do not accept people with serious psychiatric disorders and many psychiatric centers do not have the expertise with substance abuse.

Integration is the key to treat two disorders where collaborative decision-making procedure should happen between the therapy group and the patient.

Treatment for Depression/Mood disorders

Everybody goes through periods of sadness in their lives but not everybody will suffer from depression. Depression is considered to be a mood disorder. To have a mood disorder means that your overall level of happiness or sadness no longer follows typical rhythms and either drift to extreme highs or lows or move between the two. This will affect the way you see yourself, how you see the future, your sleep patterns, eating patterns, how you think, your memory, concentration, motivation, desire to socialise and your ability to experience pleasure. A mood disorder is more than a passing emotion, you cannot snap out of it (hence the term disorder), you can't will it away and it can last a long time if it is not addressed. However, appropriate treatment such as psychotherapy can reduce and sometimes even eliminate the symptoms.

Types of Depression

Mood disorders are grouped under different headings. The three most common are Major Depression, Dysthymia, and Bipolar Disorder. Each of these headings tries to group people into categories based on the symptoms they show. The label does not indicate anything about the causes of the condition and simply aims to categorise people into groups. There is room for difference under each heading, so not all people will share all symptoms and the degree of severity, and persistence will vary greatly.

Major depressive episode

A major depressive episode is the label used to describe a significant drop in mood that has lasted for longer than two weeks. It marks a change from the person's usual way of being in the world. They might begin seeing themselves as useless and wish that they were dead or believe that the world would be better without them. They may find it difficult to work, study, sleep, eat, and enjoy life. They may begin over eating or sleeping and start to withdraw or become tearful. The distinguishing feature is that it is a distinct episode, it is not a response to an event and it does not match the person's usual way of functioning. However, some people have long lasting episodes and some have recurring episodes. Although depression can run in a family, it is common for people to experience depression even in the absence of a family history. Either way, major depression is frequently associated with changes in brain structure or brain function. This does not mean that psychotherapy will not work since psychotherapy also leads to changes in brain structure and function.

People who have low self-esteem, who are consistently pessimistic, or who are readily overwhelmed by stress, are also more prone to depression. It may be wise for these individuals to seek psychotherapy as a means to potentially avoid episodes of major depression. Physical changes in the body can also trigger mental health problems including depression. Stroke, diabetes, heart attack, cancer, Parkinson's disease, multiple sclerosis, and hormonal disorders can cause depression. The depression can contribute to the person's medical problem, as then can become apathetic and unwilling to care for their physical needs. Various medications such as cortisone can also trigger serious depressive episodes.

Dysthymia

Is the label given when an individual suffers with a low grade but long lasting form of depression? People labelled in this way usually don't experience the same depths of sadness and remain able to function on a day to day basis but they go through life feeling unhappy and unsatisfied and occasionally do also experience major depressive episodes. I have found that many clients who carry this diagnosis benefit from longer-term psychotherapies in which they gradually come to understand how their minds work and how it is that they came to function in this way. These insights can go a long way in helping people make changes in their lives, which will then affect how they feel.

Bipolar Disorder (Manic-Depression)

Bipolar disorder is less common than the other mood disorders and often runs in families. Those with a bipolar disorder will have mood difficulties that don't only shift into the extreme lows but may also shift into extreme highs or agitated, manic states. The highs are called mania and the lows depression. An important feature is that the shifts are not mood swings. They usually don't occur over a period of minutes but rather days, weeks, months or even years. Rapid mood swings (e.g. minutes) can also point to other emotional difficulties.

The depressed state can seem identical to a major depressive episode except that antidepressant medication can trigger a manic episode in those with bipolar. Individuals in the manic stage often have abnormal amounts of energy, fast thoughts, are talkative, agitated, grandiose and spend without considering the consequence and may become hypersexual. People in this state make poor decisions (impulsive) that can have long-term consequences

e.g. giving their home away or leaving their loved ones. If left untreated, a manic episode can progress into a psychosis in which the individual loses touch with reality altogether.

Individuals with a bipolar diagnosis are often highly successful, particularly when they take their situation seriously. We know that medication can be effective in controlling these moods and we know that individuals who attend individual or group psychotherapy have fewer episodes of extreme mood than those who don't or those who use medication alone.

Symptoms of Depression and Mania

The following lists are far from complete. Everyone experiences a unique combination of symptoms and not everyone who is depressed or manic will show all of them. Similarly, how severe the symptoms are will also vary from person to person and can change over time.

Depression

Persistent sad, anxious, or "empty" mood

Feelings of hopelessness, pessimism

Feelings of guilt, worthlessness, helplessness

Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex

Decreased energy, fatigue, being "slowed down", thinking in syrup

Difficulty concentrating, remembering, making decisions

Insomnia, early-morning awakening, or oversleeping

Appetite and/or weight loss or overeating and weight gain

Thoughts of death or suicide; suicide attempts

Restlessness, irritability

Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Mania

Abnormal or excessive elation

Unusual irritability

Decreased need for sleep

Grandiose notions

Increased talking

Racing thoughts

Increased sexual desire

Markedly increased energy

Poor judgment

Inappropriate social behaviour