

Dual Diagnosis

A resource for caseworkers



Dual diagnosis caseworker support book

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Introduction to dual diagnosis

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‘Dual diagnosis’ is when a person is affected by both mental illness and substance misuse. For every person, the effects of having both mental illness and substance misuse problems can be quite different, depending on the type of mental illness they have, substances they use and treatment and support they receive.

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People with a mental illness are at very high risk of developing problematic alcohol or drug use. Up to 80 per cent of people with a mental illness have substance misuse problems. Tobacco, alcohol, benzodiazepine and cannabis misuse, or often a combination of all of these, are most common. Similarly, up to 75 per cent of clients with drug and alcohol problems also experience mental health problems, most commonly anxiety or mood disorders, such as depression.

Why do people with a mental illness use substances?

People with a mental illness may use drugs and alcohol for many of the same reasons that other people use these substances: to feel good, to relax or socialise and to help them cope. They may use drugs as self medication to relieve symptoms of mental illness or to ease the side effects of prescription medication.

The use of certain substances may produce or worsen symptoms of their mental illness. For example:

- > hallucinations, delusions or thought disorder may be more intense or disruptive
- > their mood may be more unstable or they may feel more depressed or anxious
- > they may experience agitation, be more aggressive or be uninhibited in their behaviour
- > they may also experience suicidal thoughts or behaviours.

People with a dual diagnosis may also relapse more often and require hospitalisation more frequently than those with a mental illness alone. The symptoms related to substance use and withdrawal can also be quite similar to those of mental illness.

People who use substances such as alcohol, psychostimulant drugs (eg amphetamines), hallucinogens or cannabis, or those withdrawing from alcohol and drugs may experience hallucinations, anxiety, depression, sleep disturbance or irritability. Withdrawal from substances should be managed by a suitably qualified physician to avoid the onset or increase of symptoms.

How do I find more information about drugs and alcohol?

Information about drugs and alcohol and their impact is constantly being updated with new research. More detailed information can be obtained from the Alcohol and Drug Information Service on (02) 9361 8000 or 1800 422 599 (regional), or the Better Health Centre (02) 9887 5450.

How do I support a person with a dual diagnosis?

Treatment of dual diagnosis is best done by a suitably qualified health professional. Contact your local mental health service or drug and alcohol service for more information about the services that are available. Some areas will also have specialised dual diagnosis services.

When assessing or supporting parents with a dual diagnosis and their children, support workers and caseworkers may find it useful to consider the following issues and how they impact on the client's ability to manage their lives and their parenting responsibilities:

- > mental health issues
- > substance use issues
- > other social issues, such as finances, housing, employment, and supports available to the parent and family.

Due to the risks that may be present, it is important that the needs of children and parents are identified and addressed as early as possible. Early intervention can reduce the risks and help prevent the development of mental health problems in children and young people.

Early and effective support for children and young people in families can assist them in coping with the situation and can promote their resilience and coping skills.

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Dual diagnosis and parenting

Dual diagnosis can have significant effects on parenting, and parents may require assistance from a range of services in order to care for their children.

Some parents may not understand the way their mental illness and substance misuse impacts on their children, particularly when they are mentally unwell or intoxicated. Some may be aware of the risks for their children but have difficulty making changes in their lives.

Depending on the mental illness, parents may experience a range of symptoms, including fatigue, loss of motivation, inability to concentrate, intrusive thoughts, suicidal behaviour and false perceptions or beliefs, like hallucinations and delusions.

These symptoms are usually made worse by drug or alcohol use. More information about how drugs and alcohol affect mental illness is available in other sections of this booklet.

How can dual diagnosis affect a parent's interactions with their children?

While being a parent with a dual diagnosis does not automatically lead to poor parenting or emotional disturbance of a child, alcohol and drugs can affect a parent's ability to control their emotions. They may become irritable and less tolerant of their children's behaviour and in extreme situations may become violent towards them.

People with a dual diagnosis may lead chaotic lifestyles centred around obtaining drugs, intoxication and withdrawal. Household finances may be redirected from food, clothing and bills in order to pay for drugs or alcohol.

Parental problems due to co-existing mental health and substance-use problems place the family at high risk of homelessness. This, in turn, will have adverse effects on the health and welfare of children.

There may be times when parents are emotionally or physically unavailable for their children. They may find that their memory and consciousness is affected by intoxication and withdrawal. Children and young people may be left unsupervised or with

unsuitable carers. They may be exposed to illegal activity and drug taking behaviours. These factors increase the risk of abuse and neglect for children and young people.

Parents with a mental illness and substance misuse problems may have difficulty interacting and communicating with their infants and children, and be unaware of how to communicate with their children due to their own childhood experiences of poor parenting, abuse and neglect.

Some parents may be angry, authoritarian and hostile towards their children, while others may appear disinterested or have difficulty responding to cues to their children's needs. If the parent experiences mood swings or symptoms like delusions and hallucinations, this is also very likely to confuse children.

Lack of support can affect parents. People with a dual diagnosis often have problems accessing health and support services. Parents may fear that asking for help for themselves or their children will mean that they will have their children removed from their care. They may not have contact with their parents or extended family and friends to provide support for them or their children.

They may avoid hospitalisation or drug treatment to prevent separation from their children or placement of their children in care. They may also drop out of drug or alcohol treatment programs because they don't have anyone to care for their children. Having a non-supportive social network or a partner who continues to use substances also contributes to difficulties staying in treatment.

People with dual diagnosis are also more likely to experience relationship problems, marriage breakdowns, family conflict and domestic violence. Financial difficulties, unemployment, poor housing and frequent relocation can further add to these problems.

How can I help a parent with dual diagnosis?

Some ways you can help:

- > encourage parents to have regular contact with a support worker, a mental health or drug and alcohol counsellor
- > assist parents or carers to support children and young people by providing information resources and details of support programs in their local community
- > encourage parents to talk to their children about their dual diagnosis (when they do feel well) and how it affects them

- > if possible, encourage the family to write a Family Support Plan, which outlines actions to take during times when parents are unwell or if there is an emergency. For example, who cares for their children if the parent goes into hospital, maintaining normal family routines, etc

- > if possible, assist children to identify their own support people – maybe a grandparent, teacher or family friend. This provides them with a contact person and helps to 'cushion' them from the impact of their parent's dual diagnosis

- > explore support options like child care or regular, arranged respite care to help reduce pressures on the parent. This allows the child or young person to have a break and have contact with other well, stable adults

- > encourage families to maintain routines and celebrations like birthdays, religious festivities and special family activities

- > where appropriate, provide information about safe drug storage (such as not leaving medications or syringes lying around the house) and safe drug use so that children don't come to harm

- > educate parents that they should never give their medication to children
- > maintain regular contact and communication with families, carers and other support people involved with the family.

A growing number of health services and non-government agencies provide special programs to support parents with mental illness or substance misuse issues. Some programs also offer specific services to support children, young people and carers. More information about supporting parents with a dual diagnosis and their children is contained in this booklet.

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Children and young people with parents who have dual diagnosis

Children and young people who are raised in families where either one or both parents are affected by dual diagnosis are frequently reported to child protection services. They can be adversely affected by parental dual diagnosis and may require professional help.

By identifying families early and providing them with appropriate support, it can be possible to assist them to cope with parental dual diagnosis and ensure the children are properly cared for.

What are the risks for unborn babies?

Alcohol and drug use during pregnancy is known to affect an unborn baby. In some cases it causes foetal abnormalities, premature births, withdrawal symptoms, foetal distress and physical or mental disabilities.

Many prescription medications used to treat mental illness may also affect an unborn baby and may interact with other non-prescription drugs. It is important that expectant mothers have medications reviewed by their doctor to reduce the risks to their baby. Assistance is also available for safe withdrawal from alcohol and drug use.

It is often difficult for expectant mothers with mental illness and substance misuse problems to access antenatal care. They may:

- > fear that their mental illness or substance use will be exposed
- > be ambivalent about the baby and parenthood, or about giving up drugs or alcohol
- > have unresolved concerns due to their own poor childhood experiences
- > lack support from the baby's father or from family and friends
- > lack financial resources
- > not be aware of services available
- > feel stigmatised by their dual diagnosis and find it difficult to go to mainstream services.

How are children and young people affected?

Children and young people who have a parent with a dual diagnosis are generally at greater risk of child abuse and neglect. There is usually very little formal support for children in these families.

Infants whose parents continue to use drugs or alcohol after the birth are at even greater risk, due to the chaotic environment that ongoing substance misuse can cause. As infants, their needs for constant support and attention may not be met and child abuse through neglect can be a serious concern.

Unpredictable care is confusing for infants and children and can lead to them developing insecure attachments to their parents and behavioural problems. Children and young people in these families may experience a lack of parenting, poor communication and a chaotic home life. Their lives may be disrupted by a parent's hospitalisation or drug rehabilitation, and they may have to move in and out of foster care.

Some children and young people take on the roles and responsibilities that their parent would normally have. This can include looking after their brothers and sisters, taking care of the ill parent and taking on responsibilities beyond their age, such as shopping, cooking and paying the bills.

They may miss out on activities of childhood or adolescence, such as sports, socialising and school activities. They often feel isolated from their friends and family members, and feel unable to talk to anyone about their parent's dual diagnosis because they are scared of being bullied, teased or misunderstood. They are often fiercely loyal to their ill parent and other family members, and feel guilty if they do tell anyone about their parent's illness or substance misuse.

It is quite common for mental illness and substance misuse to be kept a secret, for fear of being 'found out' or removed from the family.

In some cases, these children and young people may feel grief over the loss of not having a 'normal' family. Other children and young people may actually wish that they were able to live somewhere else or be part of another family. They may also feel guilty about being relieved or happy when their parent is in hospital or if they are having a good time when they are away from their parent.

Some don't understand their parent's mental illness or substance use issues. They may think that their parent's behaviour is 'normal', or alternatively, they may think that they are the only person in the world with these problems.

Children and young people whose parents have a dual diagnosis may be exposed to traumatic experiences, such as seeing their parent intoxicated or mentally unwell, overdosing, or being taken away by an ambulance or the police, which can be very frightening and confusing. They may witness violence or illegal activity, and may be left unsupervised or in the care of their parent's friends or acquaintances. This increases the risk of abuse and neglect for these children and young people.

Children and young people affected by parental dual diagnosis are often concerned about future mental illness or drug or alcohol problems themselves. Many experience feelings of depression, worthlessness and even suicidal thoughts. The risk of these children and young people developing behavioural problems, alcohol or drug problems and mental illness is high.

What's the best way to help a child or young person?

There are many ways in which children and young people who have a parent with a dual diagnosis can be supported. Providing help early and assisting families to access appropriate support can reduce risks.

Workers can assist families to access parenting programs, playgroups, respite, child care and suitable health services. Even if children are in out-of-home care, families can still access these supports.

In some areas, you can make a referral to specialised programs to support children and young people whose parents have mental illness or substance misuse problems. Programs may also be available for parents and other adults in the family. Some mental health and drug and alcohol programs also offer specialised programs for expectant parents.

Some children and young people will require mental health services or other specialised services to meet their needs. Getting early support and treatment for mental health and other problems can help prevent those problems from becoming serious, long-term issues. This is especially important in childhood and adolescence.

It is also important for children, young people and their families to have information to help them cope with parental mental illness and substance misuse. Children and young people need to know that they are not alone and that there are people they can contact for support.

Books for children and young people, can be useful in providing age-appropriate information to children and carers when a parent has a dual diagnosis. See 'Print resources' in our Services and information section.

Talking with children and young people about parental dual diagnosis

As a worker, you may feel anxious about talking to children or young people when a parent has a dual diagnosis. You may think that talking to children and young people about these issues may confuse or upset them, make them feel different or turn them against their parents.

You may feel concerned that the parents don't want their children to know what's happening to them. Sometimes it may even seem like the children and young people don't notice or understand what is happening. The reality is that even infants and young children have thoughts and feelings about what is going on in their environment, particularly in relation to their parents or primary caregivers.

The 'secrecy' caused by not talking about a parent's mental illness or substance misuse can make it worse and result in children or young people feeling more ashamed or alone.

What should I say?

Children and young people will have their own feelings and beliefs about their parent's mental illness and substance misuse. They will have their own explanations and questions. Some children and young people may have shared their experiences with others, while others may never have talked about their situation.

Some children and young people may have had bad experiences of talking with adults, and may be wary, uncertain or frightened. Others may welcome the opportunity to talk openly about what is happening.

One of the best things that you can do is listen. Give children and young people an opportunity to tell their story in their own words. Understand that this may take some time. Some children and young people will be keen to talk, whereas others will need time to feel that they can trust you.

Allow children and young people to express feelings or reactions they have had. Acknowledge their feelings and beliefs – they are very real for them. Helpful statements might include: "I imagine other kids must feel like that sometimes too."

Children and young people may have a range of emotions, feelings and attitudes about their situation and experiences. Some may feel sad or depressed, others may be angry or frustrated, some may blame themselves or feel guilty while others may even pretend that nothing's going on or that they don't care.

It's important to realise that no matter what the child or young person's response, they are still affected in some way by their parent's dual diagnosis.

Some children and young people will have very accurate information about their parent's mental illness or substance misuse. Some families discuss this information openly. Others may have done their own research through the library, internet or a support program. Some will have a limited understanding of the situation and may even have some incorrect information.

If a child or young person asks questions, be sensitive but honest in your response. Provide details at an age-appropriate level and use language the child or young person understands. Check that they have understood what you have told them.

As a worker, it is okay to not understand all there is to know about a parent's mental illness or substance misuse. If you do not know the answer to a child or young person's questions, be honest and tell them that you don't know and that you will try to find out if possible. You can also encourage children to identify reliable adults who they are able to talk to or contact in a crisis.

Some questions can't be answered straight away. For example: "When is Daddy coming home from hospital?" This can sometimes be difficult to predict and it may be helpful to say: "Daddy is in hospital because he is not well. When he feels better, he will be able to come home. Maybe we can ring him, or write a letter or visit when he is a bit better."

Even if a child is non-verbal or an infant, it is useful to talk to them about what is going on. For example: "You might be feeling scared now because Mummy isn't here. She is going to hospital to get better and you will see her soon".

Some children believe that their parent has 'gone away' because they were naughty or because their parent doesn't love them anymore. It is important to reinforce to a child or young person that their parent's mental illness or substance misuse is not their fault.

Depending on the circumstances, they may also require reassurance that their mum or dad will return and that they love them no matter what. As a worker, it is important to remain non-judgemental. Most parents love their children and want the best for them.

Sometimes when a parent is mentally unwell, intoxicated or dependent on drugs or alcohol, their behaviours may be difficult for children and young people (and even workers) to understand. And sometimes the experiences children and young people talk about as a result of this can be distressing and upsetting to listen to.

Parental dual diagnosis can have significant impacts on a child, and on the carers and workers supporting the family. It is important for you as a worker to contain your own reactions when you are with a child or young person. It's also important you seek support by talking about any issues that you may have with your colleagues or supervisor.

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Anxiety and substance misuse

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Anxiety disorders are the most common form of mental disorder in the general population. People with anxiety can experience excessive fear or worry, or may suffer from repetitive, intrusive thoughts or actions.

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People may find it hard to relax, concentrate or sleep, and may experience heart palpitations, tension and muscle pain, sweating, hyperventilation, faintness, headaches, nausea, indigestion, bowel disturbance and loss of sexual pleasure.

These symptoms are accompanied by changes in thoughts, emotions and behaviours that interfere with their ability to function day to day. People with a general anxiety disorder may constantly worry about harm to themselves or loved ones, about financial disaster, their health, work or personal relationships.

What are some common anxiety disorders?

There are also a number of anxiety disorder subtypes:

- > **panic disorder** – people suffering from panic attacks may find it hard to breathe, have a rapid heartbeat and become distressed and not want to leave the house
- > **obsessive-compulsive disorder** – the person has constant unwanted thoughts and feels compelled to conduct elaborate rituals (eg repetitive washing of their hands) as a way to banish or control these thoughts
- > **social phobia** – the person fears being judged in a negative way, particularly when in the presence of unfamiliar people or under specific scrutiny
- > **post-traumatic stress disorder** – a person experiences flashbacks, intrusive thoughts or nightmares following major traumas, like assault, war, torture, rape, accidents and fires.

It is quite common for people with an anxiety disorder to also suffer from depression.

Common treatments

Treatment for anxiety often includes education and counselling to help the person understand their thoughts, emotions and behaviours associated with anxiety.

Medication is sometimes used to control high anxiety levels, panic attacks or depression.

Benzodiazepines are often used for temporary relief of anxiety. They must be well monitored, as these medications may cause dependence.

What's the relationship between anxiety and substance use?

Anxiety disorders are often complicated by alcohol and drug use. If a person uses alcohol or drugs, they can develop symptoms of anxiety. It is common for a person who uses stimulants, cannabis and hallucinogens to feel anxious. It is also common for people to experience anxiety when they withdraw from alcohol, benzodiazepines and opioids.

Cannabis and anxiety

Cannabis and other hallucinogens can induce anxiety in susceptible people. This occurs during intoxication and when high doses have been used. Users can also feel anxious for some time after intoxication when their drug levels have dropped.

As with depression, cannabis interacts with a number of prescription medications. It increases the sedative effects of benzodiazepines and some anti-depressants that are used in anxiety treatment. It can also cause symptoms of mania, confusion, depersonalisation (a feeling of unreality concerning oneself or your immediate environment) and psychosis, when used with some of the newer anti-depressants.

Because of the anxiety-provoking effect of cannabis in some people, they are often advised to reduce or stop cannabis use so that their anxiety symptoms can be assessed and treated. In many cases, this results in an overall reduction in anxiety symptoms.

Alcohol and anxiety

People who suffer from anxiety often use alcohol as a way of self medicating to cope with symptoms. However, alcohol actually increases anxiety symptoms. Alcohol will also enhance the sedation caused by some of the anti-depressants used in anxiety treatment.

Stimulants and anxiety

Stimulants generally make the symptoms of anxiety worse. Stimulants inhibit the effect of some anti-depressant medications used in anxiety treatments. Chronic amphetamine or cocaine use can cause anxiety states and panic attacks.

Some prescription medications can also increase the effects of ecstasy and cocaine, increasing the risk of overdose. Sometimes it's difficult to determine the effects of stimulants versus the symptoms of the anxiety disorder. By reducing or stopping use of stimulants under the supervision of a physician, the person's anxiety disorder can be properly diagnosed.

Opioids and anxiety

Opioid use can have a positive effect on some symptoms of anxiety through their sleep-inducing effects, sedation and euphoria. However, withdrawal effects can increase anxiety disorders. The interaction of opioids with medications such as benzodiazepines and with drug replacement therapies like methadone can increase sedation and increase the risk of fatal opioid overdose.

Benzodiazepines and anxiety

Benzodiazepines can be very effective for short-term treatment of anxiety. However, users develop tolerance and can become dependent within a short time. Some benzodiazepines can also exacerbate the symptoms of anxiety disorder so their use must be monitored. Benzodiazepines also increase the sedative effects of some anti-depressants used in the treatment of anxiety. If benzodiazepines and opioids are used together, the risk of fatal overdose is increased.

People taking methadone may also experience increased sedation if they combine it with benzodiazepines.

Benzodiazepines should be gradually reduced or ceased over a few weeks or months under the care of a suitably qualified physician.

Depression and substance misuse

Depression is a common disorder, affecting approximately 10 per cent of the general population. It is twice as common in women as in men. People with major depression are more likely to develop an alcohol or drug use disorder. Similarly, people with substance misuse problems or dependence have a high risk of developing depression.

What are the symptoms of depression?

Some common ongoing symptoms of depression are:

- > depressed mood – for example, the person may report feeling sad or ‘empty’ or appear tearful
- > significantly reduced interest or pleasure in usual activities
- > significant weight loss/gain or change in appetite
- > sleep disturbances, including insomnia or excessive tiredness
- > physical agitation, such as pacing or a ‘slowing down’ of movement
- > fatigue and loss of energy
- > feelings of worthlessness and excessive or inappropriate guilt
- > diminished ability to think or concentrate, and indecisiveness
- > recurrent thoughts of death, recurrent suicidal ideation, plans or suicide attempts.

A person who suffers from major depression usually has a depressed mood or loss of interest or pleasure in their usual activities consistently for about two weeks.

In many cases, the symptoms of depression are present for some time before the problem is recognised. The person’s mood usually affects their ability to work or study and engage in social and other activities.

Common treatments

Treatments depend on the person’s symptoms but may include:

- > psychological interventions and counselling
- > anti-depressant medications to relieve depressed feelings, improve sleep patterns and appetite, and reduce anxiety
- > lifestyle changes, such as physical exercise
- > electroconvulsive therapy (ECT) for severe forms of depression. ECT is safe and effective under high-level medical supervision, especially for severe depression or those at risk of suicide.

What’s the relationship between depression and substance use?

People with major depression are more likely to develop an alcohol or drug use disorder. Similarly, people with substance misuse problems or dependence have a high risk of developing depression.

People develop co-existing depression and substance use problems for a variety of reasons – they may use drugs and alcohol to feel good, to relax or socialise or to help them cope. They may also use a variety of drugs to help ease the symptoms of depression.

Alcohol and a number of other drugs can initially have stimulant effects, however, ongoing use leads to nervous system depression.

The psychosocial effects associated with substance use, such as poverty, social stigma, isolation and self depreciation, can also impact on a person’s depressed mood.

People who suffer from depression most commonly use alcohol, cannabis and amphetamines.

Cannabis

The sedative effects of cannabis can increase depression. Long-term heavy use of cannabis can also produce what is known as ‘amotivational syndrome’ – a loss of interest and involvement in normal activities and responsibilities.

Cannabis interacts with a number of prescription medications. It increases the sedative effects of benzodiazepines and some anti-depressants. Cannabis can also cause symptoms of mania, confusion and feelings of unreality, when used with some of the newer anti-depressant medications.

Because of the sedative effects of cannabis, it is often recommended that users reduce or stop their use of cannabis so that depressive symptoms can be better assessed.

Alcohol

Depression is common in alcohol dependence. Even moderate use can increase symptoms of depression. Alcohol worsens the sedative effects of benzodiazepines and some anti-depressants, and can reduce the effects of prescription medication.

In many cases, particularly for men, depression will resolve if alcohol consumption ceases. Women, however, more commonly drink in response to primary depression.

Stimulants

Depression is a common feature in the cycle of dependence on stimulant use. People with depression may use stimulants to help them cope with a lack of energy or low moods. However, they quickly develop a tolerance to the effect of the stimulant and find that when the effect wears off, depression and sleep disturbance may be worse.

Long-term use of stimulants can also deplete neurotransmitters in the brain, which can cause or aggravate symptoms of depression. Stimulants can also inhibit the effect of some anti-depressants.

Opioids

Opioids can aggravate depressive disorders and increase the sedative effect of anti-depressants. The risk of overdose is also higher when some anti-depressants are combined with opioid use.

Benzodiazepines

Benzodiazepines can be useful for short-term management of agitation, anxiety and insomnia associated with depression, but tolerance develops within a few weeks. Their long-term use makes depressive symptoms worse and use should be monitored by a physician.

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Psychosis and substance misuse

Different types of psychoses include schizophrenia, bipolar mood disorder (manic depression) and drug-induced psychosis. The symptoms of psychosis can affect a person's perception of reality and impact on their ability to function from day to day.

Schizophrenia

Schizophrenia is generally an ongoing illness. Common symptoms include:

- > false ideas or beliefs about reality – known as delusions
- > false perceptions of reality – known as hallucinations. These include seeing and hearing things that aren't there, as well as smelling, tasting and even feeling things that have no basis in reality
- > thought disorder – jumbled or disjointed thoughts and speech. Includes going off on tangents or making loose associations between words and thoughts.

Other symptoms can include loss of motivation, social withdrawal, concentration problems and blunted or inappropriate emotions.

The most effective treatment for schizophrenia involves medication, counselling and support in managing its impact on everyday life.

Treatment is commonly provided through psychiatrists and mental health services in the community. In some cases, hospital care may be required.

Medications work by correcting the neuro-chemical imbalance associated with the illness. Some people may need to take medication indefinitely to prevent relapse and keep symptoms under control.

Bipolar mood disorder

Bipolar mood disorder used to be called 'manic depression'. People with bipolar mood disorder experience extreme mood swings from the lows of depression to elation and excitement, known as 'mania'.

Common symptoms of mania include: elevated mood, increased energy and activity, irritability and rapid thinking or speech, lack of inhibition, grandiose plans or beliefs, and lack of insight.

When depressed, the person withdraws and loses interest in their usual activities. They commonly have disturbed sleep, appetite and concentration. They may experience overwhelming sadness and hopelessness and can become suicidal. They can also experience psychotic symptoms, such as delusions.

Most people with bipolar disorder experience normal moods in between and can generally manage their household or work commitments between episodes.

Medication is commonly used to manage bipolar disorder. Anti-depressant medications are used during depressive phases; during the manic phase, several different medications are used to stabilise mood and calm excitement. Preventive medications like lithium and anticonvulsant medications are also used to help control mood swings. Psychotherapy and counselling can also help a person understand the illness and better manage its effects on their life.

Drug-induced psychosis

A psychosis can also be drug-induced. Drug-induced psychosis is treated in much the same way as schizophrenia and will often resolve more quickly than other psychotic illnesses, particularly once substance use stops.

Some people recover completely, though once a person has had one drug-induced psychosis, they are more likely to have further episodes. A small number of people will also continue to have these symptoms, even after they stop using drugs altogether.

What's the relationship between psychosis and substance use?

People with psychosis tend to use a broad range of substances for a variety of reasons. However, because of cost, cannabis and alcohol are the most commonly used drugs in this group of people.

Cannabis

Cannabis and other hallucinogens can cause acute psychotic episodes in most people who have an existing psychotic disorder and also in those who do not. Cannabis can exacerbate hallucinations, delusions and thought disorder. It also shortens relapse times and increases the rate of hospitalisation. The sedative effect of cannabis will also increase sedation caused by anti-psychotic medications.

In some people, regular cannabis use increases the metabolism of anti-psychotic medications and can reduce side-effects of some medications. Heavy cigarette smoking is reported to have a similar effect.

Alcohol

The long-term impact of alcohol use in people with a psychotic disorder is unknown. Some people say that using alcohol makes the symptoms of psychosis easier to 'put up with', however, when the alcohol wears off, symptoms often return and are even stronger.

Alcohol use can cause a lack of energy and motivation, and increase symptoms of withdrawal from society. It will also increase the sedative effects of many anti-psychotic medications, and can cause problems with coordination, balance and blood pressure.

People with psychotic disorders who drink alcohol are more likely to need treatment in hospital. People with a bipolar disorder often find that the use of alcohol makes their moods swing more rapidly between manic and depressive states. It is best if people with psychotic disorders avoid drinking alcohol.

If a person decides to withdraw from alcohol, it's important they are properly supervised by a doctor or psychiatrist, as their psychotic symptoms may increase.

Stimulants

Psychotic symptoms are very common in people who are dependent on stimulants.

The symptoms usually occur when the person is using stimulants for the first time or in high doses. Many people report that stimulants make them feel 'a bit paranoid'.

Stimulants can increase delusions, hallucinations and thought disorders in people with chronic psychotic disorders. In people with bipolar disorder, stimulants can trigger mania, and the 'crash' that follows stimulant use can result in depression.

Stimulants generally do not interfere with anti-psychotic medications, however, they do have the potential to impact significantly on a person's functioning from day to day.

Opioids

Opioids have a sedative effect and can combine with anti-psychotic medications to cause high levels of dysfunction. Some people find that the euphoric response of opioids alleviates symptoms of depression often associated with psychotic illnesses.

However, the fluctuating effects of opioids on mood and the chaotic lifestyle that opioid addiction can cause can exacerbate the symptoms of psychosis and bipolar mood disorder.

Personality disorders and substance misuse

While not regarded as a mental illness, a personality disorder can significantly impair a person's ability to function and interact with others. People with personality disorders often have inflexible and maladaptive personality traits. They can be particularly vulnerable to stress and may have 'primitive' or ineffective coping mechanisms.

Types of personality disorders include: antisocial, borderline, paranoid, schizoid, histrionic, narcissistic, avoidant, dependent and obsessive-compulsive.

Borderline personality disorder is one of the more common personality disorders. It is often linked to childhood trauma or sexual abuse. Symptoms include:

- > inappropriate, intense anger
- > difficulty regulating emotions
- > impulsive behaviours – such as erratic spending or driving, substance misuse, sexual disinhibition or self-harm
- > difficulties in relationships and problems with self-image
- > poor social skills.

Why do some people develop personality disorders?

No single factor can explain the development of personality disorders. People with personality disorders may have experienced some form of stress, trauma or abuse as children.

Some people may also be genetically predisposed to a personality disorder, which may be triggered by stress or a specific traumatic event.

How can personality disorders be treated?

People with personality disorders often find it difficult to find help. Most services for these conditions are provided by private practitioners and specialised services. Medication may be prescribed for symptoms such as anxiety, depression, aggression or problems with perception. Therefore anti-depressant, anti-anxiety and anti-psychotic medication may be used.

Behavioural treatments such as psychotherapy and counselling may also help. Therapies such as Cognitive Behavioural Therapy (CBT) can help clients learn to identify their emotional states and change their thinking and

behaviour patterns. To be effective, treatment needs to be long term over months or years and is best done by a trained psychotherapist, clinical psychologist or psychiatrist.

How can workers help clients with personality disorders?

Workers may experience difficulty dealing with clients who have personality disorders. Their behaviours can be perceived as manipulation, which often pushes people away and reinforces the client's sense of worthlessness. Understanding this may help you to deal with clients and also reduce your own stress.

It also helps to understand the type of personality disorder that your client has so that you are more able to help them. This also means that you avoid incorrect 'labelling' and are more able to communicate with other service providers.

The aim of treatment programs and support services is to help the client learn to manage their symptoms without making them dependent on the service. It's important that all service providers work together to provide effective care.

What's the relationship between personality disorders and substance use?

It is quite common for people with personality disorders to use drugs and alcohol. Many will have problems with poly-substance use. People with borderline personality disorder and antisocial personality disorder have the highest rates of substance use.

Alcohol and drug use generally exacerbates symptoms of personality disorders and inhibits the effectiveness of prescription medications.

Cannabis

There is little evidence of how cannabis use affects people who have personality disorders. It is, however, most often used in combination with other substances.

Generally, cannabis is used for euphoric and sedative effects in an attempt to relieve the distress of symptoms of personality disorders.

Alcohol

In general, alcohol tends to cause people to be uninhibited, and impairs judgement and thinking, which is often associated with more 'acting out' behaviour (especially in people with anti-social and borderline personality disorders).

Alcohol use and intoxication also affect impulse control, which can lead to disinhibition, violence and self-harm attempts in people with personality disorders.

Opioids

Opioids are often used in the context of poly-substance use and are generally used to relieve the distress associated with behavioural and interpersonal problems of personality disorders. In general, the chaotic lifestyle associated with opioid use exacerbates symptoms of personality disorders.

Stimulants

People who have borderline personality disorder and antisocial personality disorders may find that stimulants increase their impulsive behaviours. Stimulants and other substances can interact with the prescription medications used to treat some of the symptoms of personality disorders. Using illicit drugs can increase symptoms and prevent the medication from working effectively.

Stimulants may also increase side-effects of medication, such as agitation or sedation.

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No single factor can explain the development of personality disorders. People with personality disorders may have experienced some form of stress, trauma or abuse as children.

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Common drugs – an explanation

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Drugs are basically grouped into three major categories.

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Depressants slow down the nervous system. In small doses, they can make people more relaxed and uninhibited. In larger doses, they can cause unconsciousness, vomiting and death. They affect concentration and coordination, and slow down a person's ability to respond. Substances include: alcohol, cannabis, heroin, benzodiazepines (such as Valium, Serapax, Mogadon and Rohypnol) and most inhalants.

Stimulants speed up the nervous system and increase heart rate, blood pressure and body temperature. They increase alertness and confidence, and reduce tiredness and hunger. In large doses, they can cause anxiety and panic. Substances include: amphetamines or speed, ecstasy, cocaine, nicotine, caffeine and Ritalin.

Hallucinogens affect perception. They can affect all the senses, and users may see or hear things that are not there or their perceptions may be distorted. The effects of hallucinogens vary greatly and it is not possible to predict how they may affect a person. Substances include: LSD, magic mushrooms, mescaline and PCP (phencyclidine). Cannabis and ecstasy can also have hallucinogenic effects.

Alcohol – legal and the most widely used drug in Australia. It slows down the brain and nervous system, affecting thinking, vision, speech, mood and coordination. Effects of long-term misuse include organ damage, and memory and mood disorders. Alcohol can cause serious medical problems and adverse effects on the brain, such as diminished blood supply, stroke and brain damage. With heavy drinking, the intake of Vitamin B1 is decreased, which can cause serious nervous system damage and brain dysfunction, with loss of balance and coordination.

Amphetamines – a group of stimulant drugs made from different chemicals. It is commonly known as 'speed', also known as 'crystal meth', 'base', 'ice' or 'shabu'. Most often snorted or injected, amphetamines speed up the brain and nervous system, and make people feel more alert, confident and energetic. Users may also feel anxious or become more aggressive. Long-term effects of amphetamine use include dependence, health and social problems, and mental health concerns including anxiety, depression and psychosis.

Amphetamines can also cause problems with blood pressure, heart damage and loss of temperature control with hyperthermia.

Benzodiazepines – a group of drugs called tranquilizers, mostly prescribed for anxiety or sleep problems, and often known as 'benzos'. These drugs slow the workings of the brain and central nervous system causing relaxation and sleepiness, and increase the effects of other drugs, like alcohol, heroin, cannabis and other depressant drugs, on the brain, greatly increasing the risk of overdose.

Benzodiazepines should only be prescribed for short periods of time because it is possible to become dependent on them. Withdrawal from benzodiazepines can cause major problems with mood, depersonalisation, feelings of unreality, disinhibition, agitation, tremors, sweating and seizures (similar to epileptic fits). Use without a prescription is illegal.

Cannabis – also known as marijuana, THC, 'grass', 'pot' and 'dope'. Cannabis is usually smoked in hand-rolled cigarettes called 'joints' or in water pipes called 'bongs'. Also mixed in foods like cake or cookies.

Cannabis affects mood, concentration, coordination and appetite. Large doses can cause confusion, restlessness, anxiety and hallucinations. Long-term use can affect memory, motivation, concentration and mental wellbeing. In susceptible persons, it can precipitate psychosis.

Cocaine – a stimulant drug that is commonly snorted, smoked or injected. Cocaine affects mood, energy and appetite. Long term misuse can have health and social impacts.

Ecstasy – Methylene DioxyMethAmphetamine (MDMA) – usually called ‘ecstasy’ – is made from different chemicals and can contain both amphetamines and some hallucinogens.

Amphetamines are stimulant drugs that speed up the brain and central nervous system. Effects include increased confidence and affection towards others, anxiety and paranoia. Little is known about the effects of long-term use, except that as an amphetamine it will have the same complications as this class of drug. As with all psychoactive substances, it is possible to develop a tolerance to ecstasy.

Heroin – an opioid drug with strong pain-killing effects. Also known as ‘smack’, ‘hammer’, ‘h’, it is usually injected, smoked or snorted. Heroin slows brain and central nervous system activity. Long-term effects of heroin use include risk of overdose, health problems and risks associated with injecting drug use.

Inhalants – includes a range of products, such as aerosol and gas fuels, glues and other solvents, that, when inhaled, may cause the user to feel intoxicated or ‘high’.

This group of substances have severe biological effects on the brain, liver and other organs and, once established, these effects cannot be reversed.

Lysergic Acid Diethylamide (LSD) – the most often used form of hallucinogens. LSD is also known as ‘acid’ and ‘trips’. It affects the senses and thoughts, and causes hallucinations.

Methadone – a synthetic opiate drug that is very effective in relieving pain. Because of its long-lasting action, methadone is used as a substitute for heroin in the maintenance treatment of heroin dependence.

Naltrexone – a drug used in the treatment of alcohol and heroin dependence. It blocks the effects of opiate drugs, but its main use in Australia is in the management of alcohol dependence.

Narcan – used to reverse the effects of overdose of heroin and other opiate drugs.

Opioids – a class of drug with morphine-like effects, includes heroin, methadone, pethidine and codeine. These drugs – except heroin which is a prohibited drug in Australia – are widely prescribed to control pain.

How do I find more information about drugs and alcohol?

Information about drugs and alcohol and their impact is constantly being updated with new research. Up-to-date information can be obtained from:

Alcohol and Drug Information Service (ADIS)

24 hour advice, information, crisis counselling and advice for the cost of a local phone call
(02) 9361 8000 or 1800 422 599

Australian Drug Foundation's DrugInfo Clearinghouse

Provides reference and lending library, quarterly publications about drugs and alcohol, online shop of relevant resources, and telephone information service for professionals and the general public
1300 858 584
www.druginfo.adf.org.au

Mental Health and Drugs and Alcohol Office (MHDAO), NSW Health

Downloadable resources and information about drugs and alcohol
www.health.nsw.gov.au

Better Health Care Publications Warehouse

Production and supply of all NSW Health publications including drug and alcohol and mental health information
(02) 9887 5450
www.health.nsw.gov.au

Services and information

Drug & alcohol services

For details of drug and alcohol treatment services in your area, contact the Central Intake Service of your local Area Health Drug and Alcohol Service
www.druginfo.nsw.gov.au

Alcohol and Drug Information Service (ADIS)

24-hour advice, information, crisis counselling and advice for the cost of a local phone call
(02) 9361 8000 or 1800 422 599

Australian Drug Foundation's DrugInfo Clearinghouse

Reference and lending library, quarterly publications about drugs and alcohol, online shop of relevant resources, and telephone information service for professionals and the general public
1300 858 584
www.druginfo.adf.org.au

Network of Alcohol and Drug Agencies (NADA)

Peak organisation for the non-government drug and alcohol sector in NSW – information about non-government drug and alcohol services available
(02) 9698 8669
www.nada.org.au

Drug & Alcohol Multicultural Education Centre (DAMEC)

Works with services to develop and implement programs for people from culturally and linguistically diverse backgrounds. Also provides education on alcohol and drug issues to communities
(02) 9699 3552
www.damec.org.au

Mental health services

Area Health Services have 24-hour access numbers – search the NSW Health website under 'mental health' for service locations
www.health.nsw.gov.au

Mental Health Association NSW Inc – Information Service

Information about mental health and mental health services in your local area. Resources include the Way Ahead Directory (NSW mental health service directory)
1300 794 991
Email: info@mentalhealth.asn.au
www.mentalhealth.asn.au

Mental Health Coordinating Council

Peak body for non-government mental health organisations in NSW – information about NGO mental health services available
(02) 9555 8388
www.mhcc.org.au

Transcultural Mental Health Centre

Multilingual mental health resources, consumer and carer projects, specialist projects, education and training. Short-term clinical intervention, assessments, counselling and family psychoeducation available for people of culturally and linguistically diverse backgrounds suffering from mental health problems and disorders. Clinical intervention provided through bilingual mental health professionals who speak 50 community languages. Services available to adults, older people, young people and children who live in NSW.
(02) 9840 3800
www.dhi.gov.au

Services for family members

Al-Anon Family Groups

A fellowship for family and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. Includes Alateen, the junior segment of Al-Anon Family Groups

(02) 9750 3400

www.al-anon.alateen.org/australia

Nar-Anon Family Groups

A fellowship for family and friends of drug users who share their experience, strength and hope in order to solve their common problems

(02) 9418 8728

Family Drug Support

Support groups and programs for families and carers

1300 368 186

www.fds.org.au

Holyoake

Programs and referral information for parents, children, young people and partners affected by drug use in the family

(02) 9904 2700

ARAFMI NSW

Support, education and advocacy for families and friends of people with mental illness or disorders. Support groups and information, support and referral line

(02) 9332 0700

NSW country:

1800 655 198 (toll free)

Email: information@arafmi.org

www.arafmi.org

Carers NSW

Carers NSW is the peak body for carers. Carers are people who care for a relative or friend who has a disability, mental illness, chronic condition or is frail or aged.

Includes Young Carers. Provides a range of support and information services for carers and lobbies on behalf of carers in NSW

Commonwealth Carer

Resource Centre

1800 242 636

www.carersnsw.asn.au

www.carersaustralia.com.au

NSW Department of Community Services (DoCS)

The leading NSW Government agency responsible for community services. DoCS works to protect children and young people from risk of harm and to provide care for children and young people who are not able to live with their families

www.community.nsw.gov.au

DoCS Helpline is a 24-hour statewide telephone service that allows you to report suspected child abuse or neglect
132 111

Services for children and young people

Kids Help Line

24-hour telephone counselling service and web counselling for children and young people

1800 551 800

www.kidshelpline.com.au

Carers NSW – young carers website

Website includes questions and answers about caring for a family member, friend or relative, links, newsletters and young carers club

(02) 9280 4744 or

1800 242 636 (after hours)

www.youngcarersnsw.asn.au

Reach Out!

A web-based service that helps young people get through tough times

(02) 8585 9300

www.reachout.com.au

Somazone

Anonymous, quality-assured question-and-answer health website for young people.

Covers relationships, mental and emotional health, self-harm, body image and drug issues

www.somazone.com.au

COPMI – Children of Parents with a Mental Illness

(02) 9280 4744

www.copmi.net.au

Print resources

The Blue Polar Bear

An illustrated storybook for 5-7-year-olds whose parents have dual diagnosis

www.community.nsw.gov.au

The Flying Dream

An illustrated book for 8-12-year-olds whose parents have dual diagnosis

www.community.nsw.gov.au

Youth info Z-card

For adolescents whose parents have dual diagnosis

www.community.nsw.gov.au

Dual Diagnosis – a resource for parents

A booklet for parents with dual diagnosis

www.community.nsw.gov.au

Dual Diagnosis – a resource for foster carers

A booklet for foster carers who are looking after children and young people whose parents have dual diagnosis

www.community.nsw.gov.au

ARAFMI Queensland

The booklet *Dual Diagnosis: mental illness and substance abuse – information and coping strategies for families* is available for purchase

ARAFMI Queensland
(07) 3254 1881

General support services

Lifeline

24-hour telephone counselling
13 11 14

Relationships Australia

Relationship support services for all people

1300 364 277

For online counselling see
www.relationships.com.au

Family Support

Information about Family Support Services in your local area

(02) 9692 9999

www.nswfamilyservices.asn.au

Other services

Better Health Centre

Produces a range of resources including FACT – Training & Resource Kit for supporting families affected by drug and alcohol use and the Family Help Kit, which includes factsheets for families about mental health problems in children and young people

(02) 9887 5450

www.health.nsw.gov.au

Australian Drug Information Network

www.adin.com.au

Mental Health and Drugs and Alcohol Office (MHDAO), NSW Health

Downloadable resources and information about drugs and alcohol

www.health.nsw.gov.au

Mental Health Australia

www.mentalhealth.org.au

SANE Australia

An independent national charity dedicated to helping people with mental illness. Offers several resources including brochures, guidebooks, factsheets and videos to educate people with mental illness, as well as their family, friends, health professionals and the general community

1800 18 SANE (7263)

www.sane.org

MIDAS Dual Disorders website

www.swsahs.nsw.gov.au/areaser/midas/default.asp

Australian Infant, Child, Adolescent, Family Mental Health Association

www.aicafmha.net.au

Glossary

Acute

The active phase of an illness. Symptoms are generally severe and can impair a person's functioning.

Affective disorder

A disorder involving mood disturbances – eg depression.

Chronic

A medical term that means over a long period. It does not imply that the condition is severe.

Cognitive behaviour therapy (CBT)

A treatment that aims to teach clients how to identify and challenge negative or unproductive self-talk and to replace it with more useful thoughts. CBT also incorporates behavioural techniques, such as relaxation and assertiveness training.

Dependence

Dependence on drugs or alcohol means that it takes up a lot of a person's thoughts, emotions and activities. A person spends a lot of time thinking about the drug, looking for it, using it and getting over the effects of using it. A dependent person also finds it difficult to stop using or control how much they use. Dependence can lead to a variety of health, financial, legal, work and relationship problems.

Drug

Includes herbal substances, medicines, alcohol, nicotine, tea, coffee and illicit drugs. In the context of dependence and addiction, the term is applied especially to substances with psychoactive effects.

Drug abuse

A medical term used when the use of any drug leads to harm in the short or long term. Does not necessarily mean dependence, and the word is often used by people instead of the words 'use' and 'misuse'.

Harm minimisation

Policies and practices aimed at reducing drug-related harm.

Illicit drug

Illegal drug.

Licit drug

Legal drug.

Maintenance treatment

The use of medication to substitute for undesirable drug use – eg methadone or nicotine patches.

Mental health problems and mental illness

Refers to the range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people.

A mental illness is a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. Diagnosis is generally made according to a classification system and requires the presence of one or more of the following: hallucinations, thought disorder, severe disturbance of moods, sustained irrational behaviour indicating the presence of hallucinations or delusions.

Mental health problems also interfere with a person's cognitive, emotional or social abilities but to a lesser extent than mental illness. Mental health problems are typically less severe and of shorter duration than mental illness and may include mental ill health temporarily experienced as a reaction to life stressors.

The distinction between mental health problems and mental illness is not well defined and is made on the basis of severity and duration of symptoms.

continued overleaf

Glossary continued

Negative symptoms

In schizophrenia, these are behavioural deficits, such as flat affect and low motivation.

Neuroleptic medication

Medications that target psychotic symptoms. These drugs often have side effects, such as muscle rigidity, restlessness and involuntary movements.

Overdose

When the amount of drug taken exceeds the body's ability to cope with the drug. In the context of dependence and addiction, it usually means reduction in consciousness, sometimes to the level of coma (being unconscious).

Personality disorder

Not regarded as a mental illness, however, it causes significant impairment in a person's ability to function and interact with others. Involves inflexible and maladaptive personality traits and behaviours, which increases vulnerability to stress.

People with personality disorders often exhibit 'primitive' or ineffective coping mechanisms. Types include: antisocial, borderline, paranoid, schizoid, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive personality disorders.

Poly drug use

The practice of taking more than one drug or alcohol at the same time. It is the most common cause of overdose death.

Positive symptoms

In schizophrenia, refers to perceptual disturbances, such as hallucinations and delusions.

Psychoactive drugs

Drugs that affect a person's nervous system, altering brain activity. Can change the way a person thinks, feels or behaves.

Psychosis

Severe mental disorder in which thinking and emotion are impaired and the person's perception of reality is altered.

Psychotropic medication

Medication/prescription drugs aimed at relief of symptoms of mental illness and disorder.

Tardive Dyskinesia

Involuntary muscle movements often seen in the face and hands of people after taking neuroleptic medication for a prolonged period. May become worse if neuroleptic medication is ceased.

Tolerance

Frequent use of a drug can increase the user's tolerance to its effects, that is, the effects of the same dose of a drug are lessened. Therefore, the user needs to take larger doses to get the desired effect.

Withdrawal

The physical symptoms of stopping or reducing drug use, when the body is readjusting to functioning without the drug. Also known as detoxification or 'detox'.

