

Dual Diagnosis Services

Meeting the challenge

Our specialist clinical teams are committed to providing dual diagnosis treatment to severe and persistently mentally ill patients who are referred for both mental health and substance abuse difficulties.

We achieve excellent results by adapting assertive community treatment (New Hampshire Model), dialectical behaviour therapy, cognitive behavioural treatment, integrated matrix treatment, dual diagnosis psychoeducation groups, and therapeutic community models, for use with this challenging group of patients.

Our specialist practitioners from nursing, occupational therapy, social work, psychology and psychiatry have received state of the art training in each of these dual diagnosis treatment protocols and integrate either parallel or sequential interventions customised to meet the needs of each individual patient. This training remains ongoing and skills are continually upgraded through CPD in dual diagnosis treatment technologies. This has the net effect to optimise the potential for a rapid response to treatment and increase the likelihood that their progress will be continued post discharge to remain clean and sober, as they continue to recover from mental illness.

Integrated Dual Diagnosis Programme – the core elements

Comprehensive biopsychosocial assessments

All clinical disciplines are committed to providing full psychiatric, psychological and psychosocial assessments for both the type and severity of mental illness found and the effect of misusing multiple substances.

Double trouble (psychoeducational groups)

Groups are run across all our wards and provide our patients with the information about what drugs do to those with mental illness and how illegal drugs can interact with prescribed medications to produce side effects and difficulties with behavioural control. This information assists patients to more effectively control their substance use and misuse.

Patient managed community meetings

Drawing on the experience of therapeutic communities, meetings run by patients allow for the ownership of the treatment process and members tend to then look after each other more on the wards. This helps to re-educate patients in terms of their socialisation skills and level of empathy for others.

Regular drug and random alcohol testing

This is a necessary component to ensure the safety of the patients in treatment and creates ward conditions where drug treatment can succeed. Such testing is routinely administered across all our wards to ensure a drug and alcohol free environment.

Substance misuse keyworker (assignment)

We assign a dedicated keyworker (nurse, social worker, occupational therapist, psychologist or psychiatrist) as the dedicated clinician to assist in orienting the patients to life on the wards and monitoring their progress through treatment. This provides for an enhanced level of patient contact and a staff focal point for the patient, which assist our patients in negotiating their stay on the ward better and enhances their mental health and substance misuse recovery.

Relapse prevention groups

These groups focus patients' attention on the signs and symptoms of relapse to both mental illness and substance misuse and provide a mechanism for patients to use to fight the urges to relapse.

The “buddy system”

This system pairs one senior patient with junior patients to help orient such patients to the expectations on the ward and help overcome initial difficulties of acclimatising to ward life. The “buddy system” creates new friendships and continues the re-socialisation process.

Alcoholics Anonymous and Narcotics Anonymous meetings

Weekly and/or bi-weekly meetings help facilitate ongoing efforts to stop cravings and deal directly with the difficulties of maintaining a clean and sober lifestyle whilst recovering from a major mental illness.

Smoking cessation group

This weekly group helps with becoming and remaining smoke-free. Relapse prevention is stressed throughout all groups. We use a motivational improvement approach for both current and ex-smokers.



The
Huntercombe
Group



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