

### Background

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment/ rehabilitation and consequences of problem drug use in Ireland, based on the analysis of research findings and information. The Committee is overseeing the delivery of a three-year work programme on the extent, nature, causes and effects of drug use in Ireland. The Committee comprises representatives nominated from relevant agencies and sectors, both statutory and non-statutory. The Committee reports to the Minister of State responsible for the National Drugs Strategy.

### The issue of Dual Diagnosis

If we consider dual diagnosis, the simultaneous presence of both an addiction and mental health disorder, within the context of Irish health services, it is clear that many patients with addiction disorders are manifesting symptoms of mental health disorders also and vice versa. Historically, we make referrals from one specialist to another in general medicine and so it would seem natural to do the same in the context of mental ill-health. However, is this appropriate and does it result in effective patient management?

We are confident from the information available through planning reports and reviews of services that dual diagnosis represents a significant public health problem. In many instances, patients with substance misuse disorders and a mental illness are more difficult to treat than other patients. Mental health patients have lower levels of motivation typically and consequently engage poorly with substance misuse treatment services (Weaver, T., 1999).

What to do with these patients represents a great challenge to the mental health and addiction services. Practitioners from clinicians to counsellors and drug workers are frustrated by the apparent lack of progress of some well-established clients in the addiction services. Whilst changes are underway in applying a care planning approach, special consideration needs to be given to models that may improve the outcomes and prospects for those experiencing dual diagnosis.

In a paper by David Kavanagh of Queenstown University, Australia, he examines the evidence, albeit limited internationally, and suggests that

"people with co-morbid substance abuse and mental disorder are less likely to have a sustained recovery from either disorder and are more likely to be heavy service users than those without co-morbidity."

He goes on to say that the societal costs associated with the presence of co-morbidity increase the potential effectiveness of good prevention and/or treatment.

Research evidence suggests that service provision should take into account the degree of risk and community prevalence, also suggested in Mark Morgan's report to the NACD entitled "Drug Use Prevention - Overview of Research." The presence of antisocial personality disorder, bipolar disorder and schizophrenia increase the risk of substance misuse. Notwithstanding this, a focus on the more common disorders such as anxiety and depression will have a broader impact on a population scale.

Clearly there is huge benefit to be achieved in undertaking research into this area. We need to start generating evidence of treatment efficacy for these patients so that an appropriate model can be developed. As we have tried to harmonise language in the addiction services over the last few years, equally we need to do so in the mental health services. In this way improved

communication could dramatically change the way we deliver care and potentially the outcomes for individuals with dual diagnosis.

The UK Department of Health recently produced a good practice guide for managing dual diagnosis or co-morbidity in a service. Many of the questions and dilemmas raised are thought provoking. The Irish context is continuously evolving and the climate of change within the addiction services has resulted in many innovative approaches to care, not least the shared care arrangements between community pharmacists and GPs.

## **Commission**

The NACD, through its Treatment Sub-committee, would like to commission research into the structures of mental health and addiction services and how they experience and manage dual diagnosis.

## **The Brief**

The contractor will need to establish the national and international picture of evidence-based practice available, together with the research on organisational change for the above-mentioned services. The successful contractor will be expected to liaise with current NACD research projects, through the NACD's Research Officer, to determine what useful information may yield from the interviews with drug users and service providers. The following issues will need to be explored:

- What services are available for people who experience co-morbidity?
- What are the particular treatment needs of this complex group?
- How adequately are people assessed when presenting to services?
- How do service users and practitioners perceive the services? What suggestions do they have for improvements?
- Is there access to services and is location of services relevant?
- The typical mental health and addiction services will need to be described, i.e. structures, goals, roles, policies and procedures.
- What service reviews and evaluations have taken place highlighting this issue?
- How do services respond to the different needs of a range of groups such as women, people who have been in prison or homeless?
- Where do these services fit with primary care?

The successful contractor will need to consider carefully the methodological approach to developing this research given the current structures of services. Both the mental health services and the addiction services will need to be very actively involved. Conclusions and recommendations should point towards an approach that will provide better standards of care for this particular group of people.

## **Duration of project**

The project is expected to commence in October 2002 and the research will take 12 months to complete, at which time a final report is expected for October 2003. Technical and financial reports are expected on an interim basis, which will be set out in the terms and conditions of the contract. A liaison schedule will be agreed as part of the contract.

## **Requirements**

Tenderers must submit a written proposal detailing the following:

1. Research methodology to be employed;
2. Project management;

3. Personnel involved, their credentials, use of consultants and track record; and
4. Description of administrative and technical costs.

## Evaluation

Evaluation of the submissions will be based on the following criteria:

### Research methodology

Understanding of the project;  
Understanding of the work involved;  
Feasibility of the approach suggested.

### Project management

Ability to deliver key outputs on time;  
Clarity in description of milestones;  
Credibility of personnel and consultants involved;  
Track record.


### Value for money

Description of cost;  
Justification for proposed costs;  
Best use of resources.

The standard contract terms and conditions are available from the NACD's offices. The budget available for this project is in the region of €50,000.00

**Closing date:** 2.00 p.m., Thursday 12th September 2002.

Tenderers will be required to sign a Declaration under the Freedom of Information Act, 1997 (see link below) It will also be necessary to include an up to date Tax Clearance Certificate with the submitted tender.

 [link to Disclosure of Information under the Freedom of Information Act 1997 form](#)

Tenders should be submitted, addressed to:

Secretary  
NACD  
3rd Floor, Shelbourne House  
Shelbourne Road  
Ballsbridge  
Dublin 4  
**Tel:** (01) 667 0760 / 667 0765;  
**Fax:** (01) 667 0828.  
**Email:** [info@nacd.ie](mailto:info@nacd.ie);  
**Web:** [www.nacd.ie](http://www.nacd.ie)

**NOTE: TENDER RETURNS SHOULD BE MARKED:**

Ref: Ten/Dual Diagnosis