

DUAL DIAGNOSIS

CHARACTERISTICS, DIAGNOSIS AND TRENDS



Dual Diagnosis

Term used to describe two disorders occurring at the same time in one person. In this particular study, Dual Diagnosis is a term applied to the co-existence of the symptoms of both intellectual or developmental disabilities and mental health problems.



Intellectual Disability

Characterized by significant limitations both in intellectual learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.



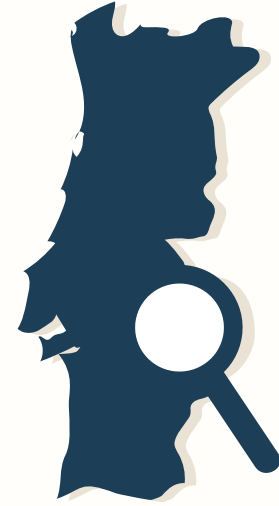
Mental Illness

Any disease or condition that influences the way a person thinks, feels, behaves, and/or relates to others and to his or her surroundings. Often confused with intellectual disability.

WHAT WE WANTED TO KNOW AND TO DO



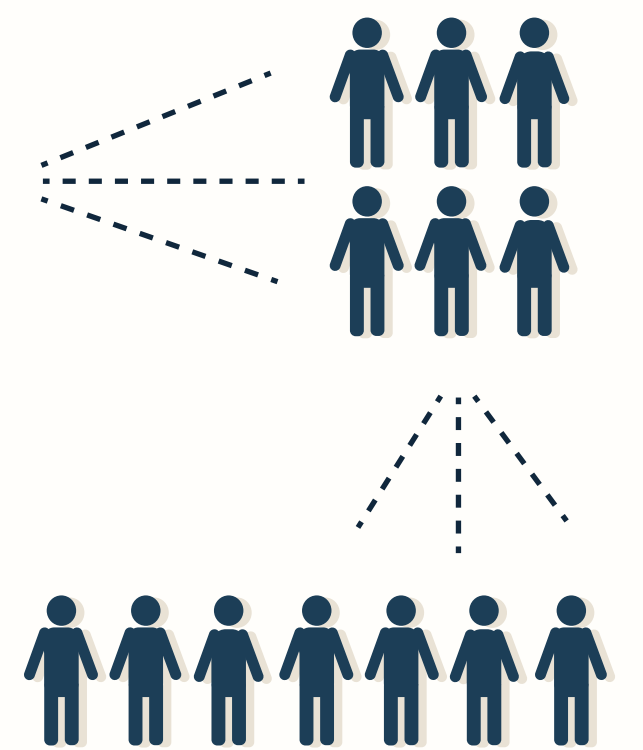
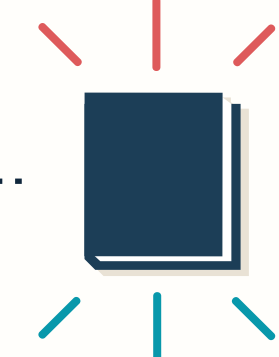
The national and European context on prevalence's, care/services available to people with ID and DD and successful practices.



A national study with the participation of professionals working directly with people with DD identifying prevalence's and real needs in care services providing.



Conceive recommendations/proposals for a integrated care system (resources/services) including social services, mental health area and organizations that work directly with people with ID and DD.



Disseminate the study's main results to all parties concerned that in personal and/or professional level have contact with people with ID and DD.

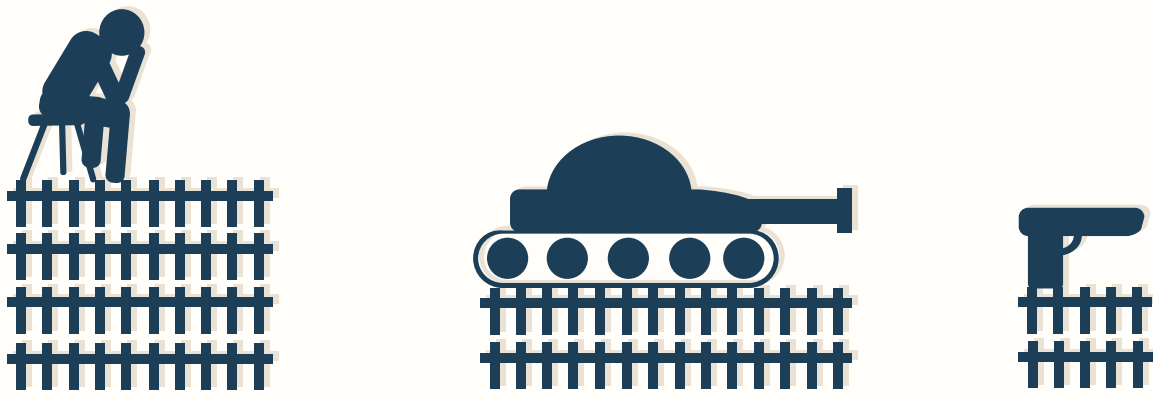
Foster a higher knowledge upon ID and DD as well as other intervention aspects associated.

WHAT DO WE WANT?

Promote study results dissemination among organizations, families and general population about the recommendations/proposals for an integrated care system addressed to people with DI and DD.

WHY TALK ABOUT DD?

Recent UN data indicates that deaths by suicide outnumber deaths from war and murder, being of 1 million per year. According to the WHO, mental illnesses are responsible for more than 12% of diseases around the world. This number is around 23% in developed countries.



People with ID are a risk group and it is known that are prone to suffer from mental illness.

20% to 40% of people with ID also have MI problems. One of the obstacles in making a DD diagnosis is the existing difficulty in assessing and identifying the respective symptoms demonstrated by this population.

Studies show that an early diagnosis and a deep knowledge upon the situation from the working team have a significantly positive influence in medium/long term on services providing.

QUANTITATIVE ANALYSIS

Information gathering tool development - online questionnaire - sent to 112 non-profit private organizations that work in the disability and rehabilitation fields.

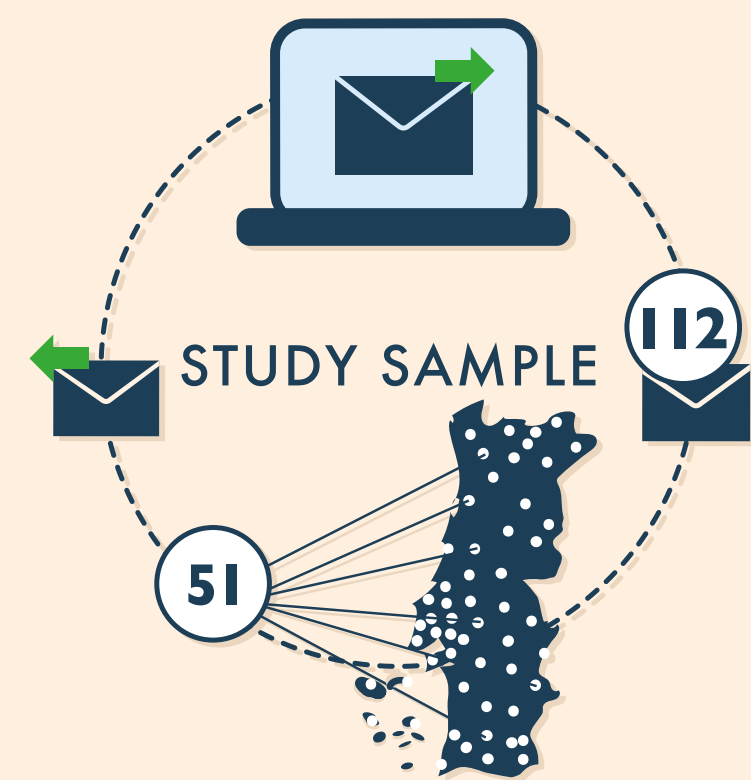


The questionnaire was intended to carry out an analysis of mental healthservices for persons with ID and DD and gather relevant information specifically about the intervention carried out in an organizational context.

Replied 51 organizations of a total of 193 participants.

QUALITATIVE ANALYSIS

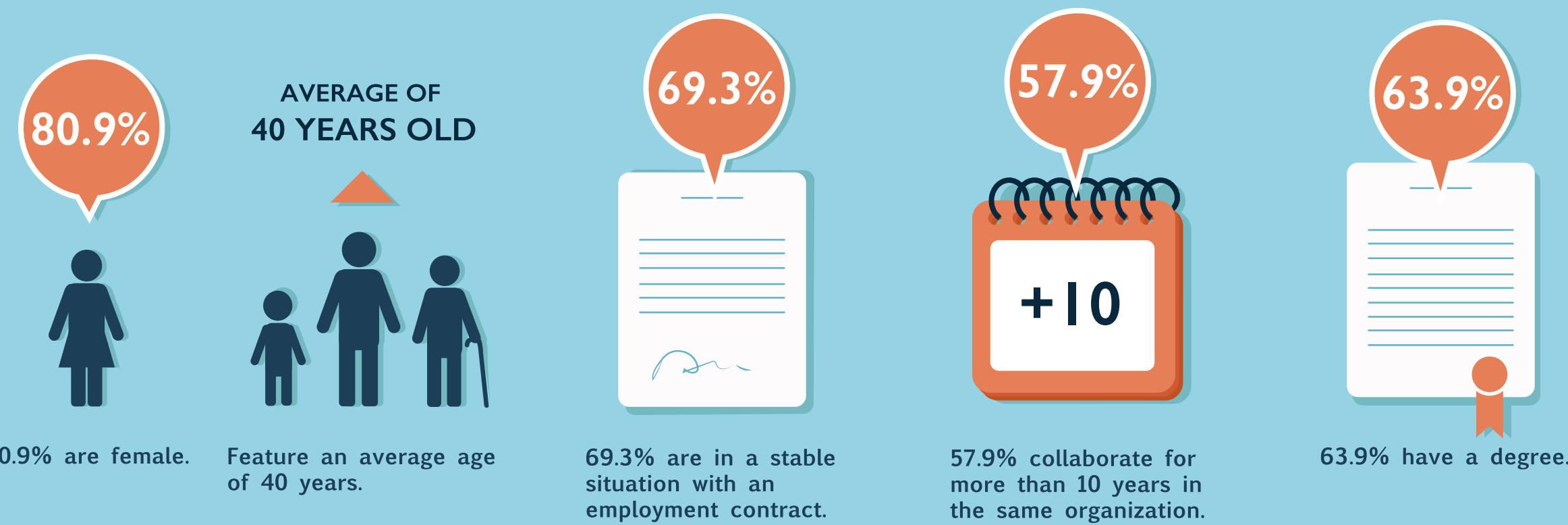
Realization of three focus groups at national and decentralized level composed by board members, general directors and professionals from the organizations that reply to the online questioner, making a total of 45 participants.



HOW DO WE WORK?

WHAT DID WE FIND?

DESCRIPTIVE RESULTS - VARIABLES RELATING TO PROFESSIONALS



DESCRIPTIVE RESULTS - RELATING TO DD

The professionals that replied to the questioner refer to accompanying on average 63 clients, 35 male and 28 female. 57.7% referred accompanying at least one client with DD. Which means that each participating organization follows on average 2.4 clients with DD. 53% These professionals perceive that there are clients with DD that have not yet been subject to effective diagnosis.



DESCRIPTIVE RESULTS - NEED AND QUALITY OF SERVICES

- Promotion of a complementary intervention using multidisciplinary teams.**
- Involve directly the families in the entire process including training approaches.**
- Invest in training sessions and increasing knowledge strategies for the front line staff as well as create mechanisms for sharing successful practices.**
- Promote efficient and effective changes at health policies level aiming for the improvement of monitoring and intervention with this population.**

WHAT DO WE SUGGEST PROPOSALS

- Creation of multidisciplinary teams through the establishment of partnerships that include professionals with specific expertise in ID and MI field.
- Intervene at primary health care services, especially at services quality for clients with DD in health centers. Conceive person center organizations and services.
- Training session for the front line staff in mental health and ID.
- Inclusion of ID, MI and DD specification in academic curricula (medicine, psychology, and other sciences of health and social areas).
- Redesign existing models - health care services - for people with ID and DD aiming the design of health and social policies that emphasize coherent methodologies, as well as joint actions between both areas for promoting people with DD's higher quality of life.