



landelijk expertise- en
implementatiecentrum
dubbele diagnose

A photograph showing the lower legs and feet of a crowd of people walking across a zebra-striped crosswalk. The image is partially obscured by a large white speech bubble on the left side.

Implementing integrated treatment for dual disorders in The Netherlands: lessons learned

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Who are we? LEDD

- 4 Mental health care institutions and Trimbos Institute
- Goal: central base of knowledge and experience
- Activities
 - Website: www.ledd.nl, downloads, information, literature
 - Bi-annual conferences
 - 'Meet-the-expert'
 - Platform meetings
 - Advice
 - Training
 - Supervision
 - Implementation projects
 - Products

Programme

- Organisation of Dutch care system
- Integrated treatment model
- Implementation in The Netherlands
- Results
- What works?
- What is your situation? Guided exchange and discussion

Scaling up

- Broad, integrated psychiatric institutions
- Offering:
 - Ambulatory (outpatient) help
 - Clinical facilities
 - Residential facilities (sheltering living)
 - Vocational and daytime activity services
 - Prevention and general services

Organisational structure

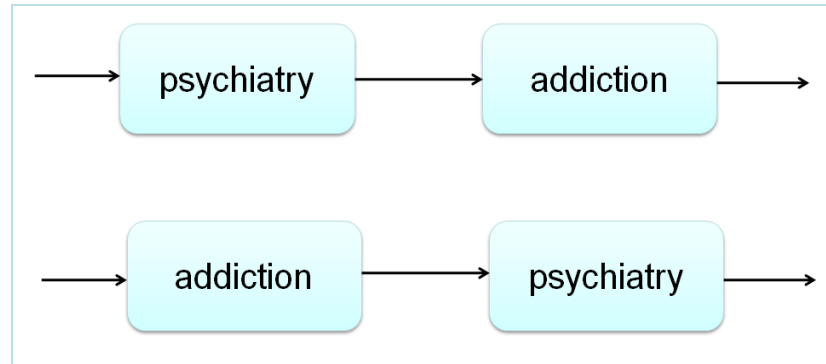
Broad, integrated mental health psychiatric institutions	33
Psychiatric Hospital (independent)	2
Regional ambulatory mental health institution (independent)	6
Residential (sheltered) facilities (independent)	19
Specialised children and adolescent psychiatric clinics (independent)	10
Integrated institution for addiction care	7
Institution for ambulatory addiction care	4
Forensic psychiatric institutions (TBS)	6
Total	87

Estimates Dual Disorders

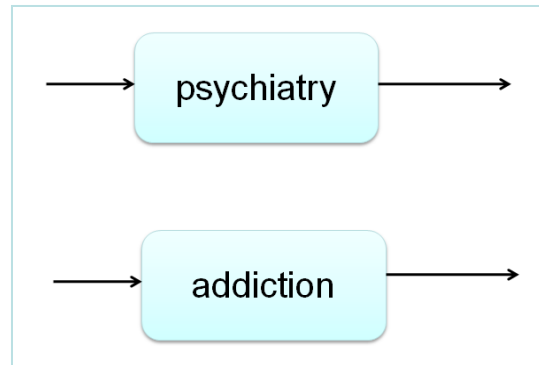
- Mental health care clients : 20% to 50% have (at least one) co-occurring SUD
- Addiction care clients : 60% to 80% of clients have (at least one) co-occurring mental health problem

Treatment models

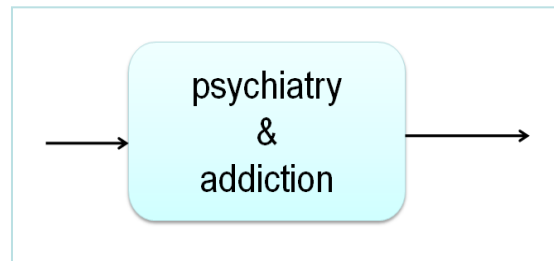
- Sequential



- Parallel



- Integrated



Consequences

- One disorder remains untreated
- Were to begin and when to stop?
- Limited or no communication
- Separate treatments, different views
- Client responsible for integration
- Thresholds for both treatment systems
- **Result: client slips through the net and receives no help, no one takes responsibility**

Origine IDDT



- Dartmouth Psychiatric Research Center of Dartmouth Medical School in Lebanon, New Hampshire.
 - The researchers Robert E. Drake, MD, PhD, Kim T. Mueser, PhD, and their colleagues.
 - Also developed: Supported employment, Illness Management and Recovery, Assertive community Treatment, Family Psycho education and Supported Employment.

Principles Integrated treatment

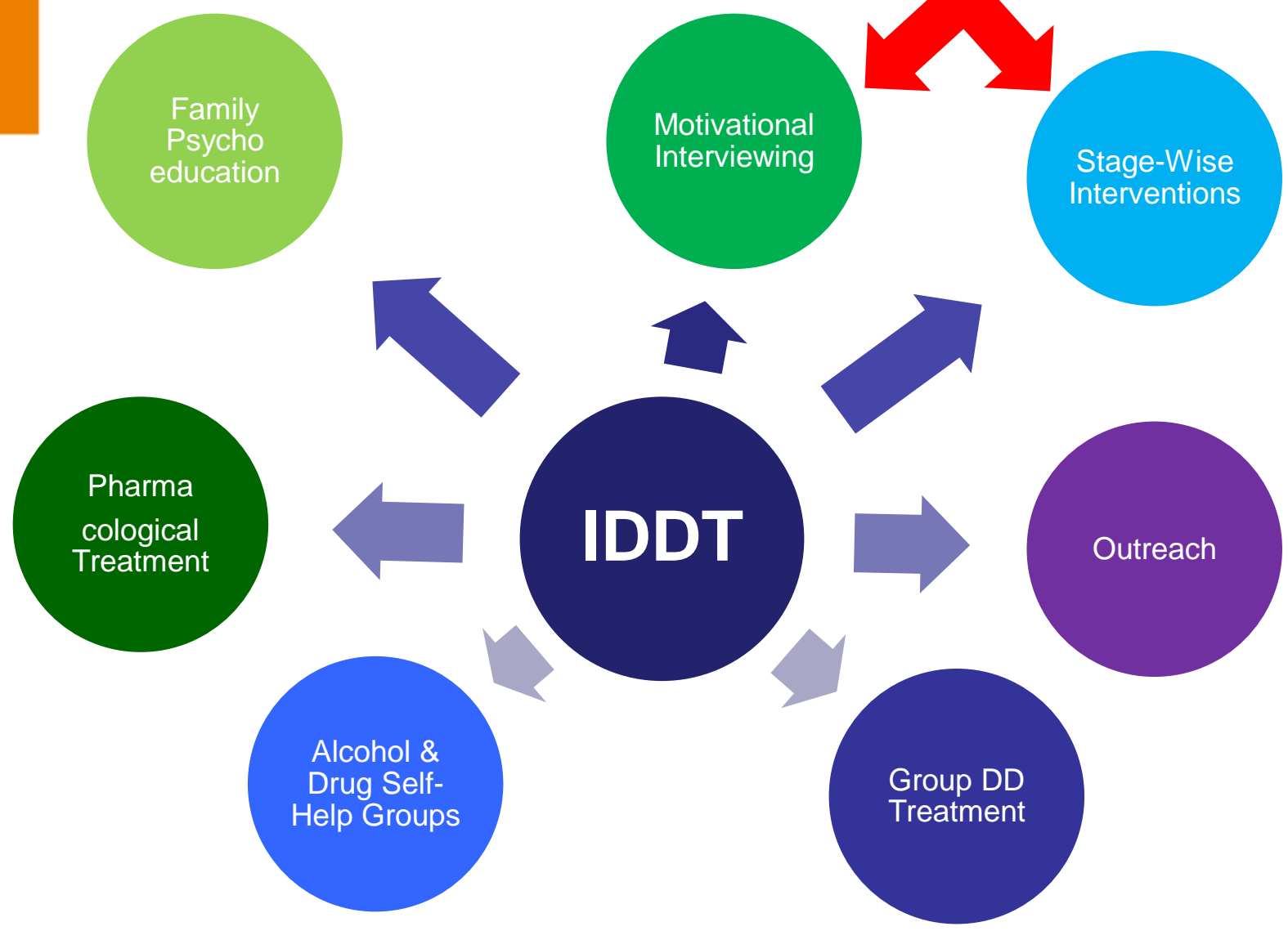
one multi-disciplinary team of dually trained professionals

based and working from one location

integrated treatment of both disorders

treatment matches motivational stage of change of client

treatment -13



A means to an end

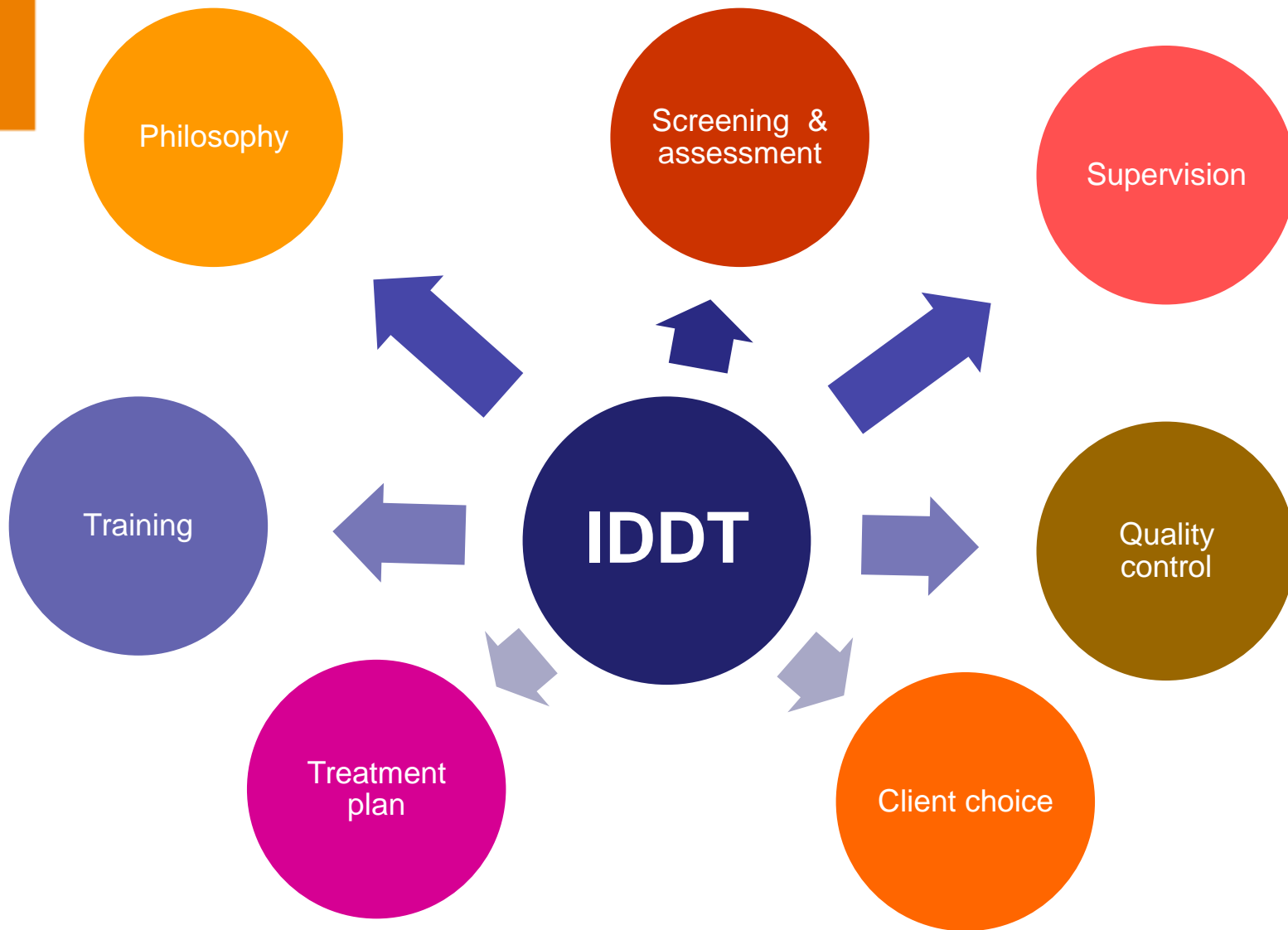
Stage of change

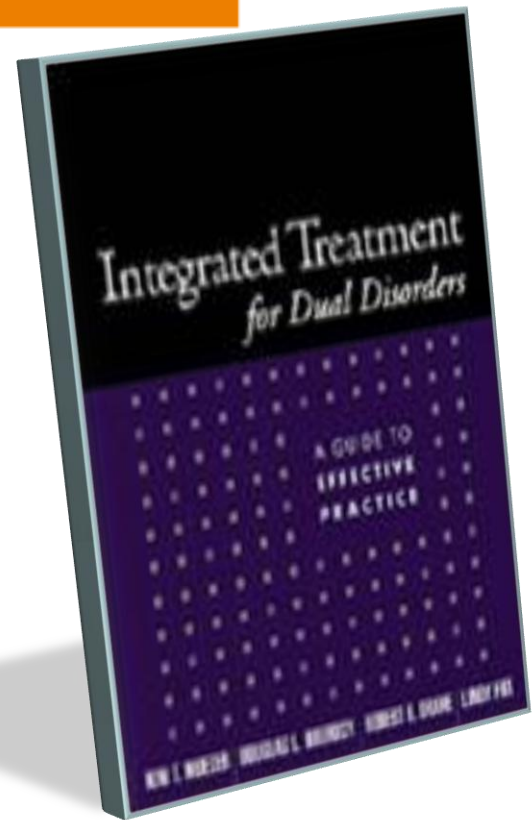
- Precontemplation
- Contemplation
- Preparation
- Action
- Consolidation

Stage of treatment

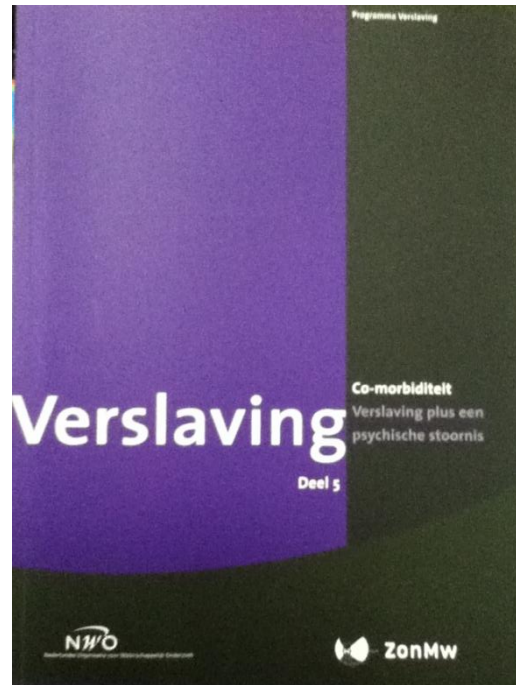
- Engagement
- Persuasion/motivating
- Persuasion/motivating
- Active treatment
- Relapse prevention

organisation-12

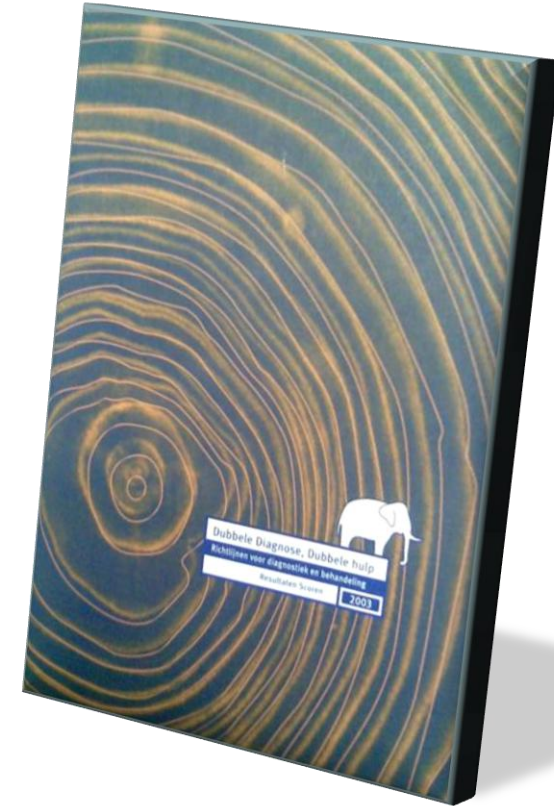




**Integrated Treatment
for Dual Disorders**



**Addiction:
State-of-the-art**



**Dual diagnoses,
Double help**

Dutch basic principles

- Addiction is a psychiatric disorder
- Dutch drugs policy
 - Druguse can not be exterminated but can be controlled.
 - Public health should be at the forefront in druguse approaches.
 - Criminalising drugusers worsens the problem.
 - In criminal proceedings a distinction must be made between soft and harddrugs.



Implementing IDDT

2004-2006 pilot study

High fidelity implementation of IDDT in 5 out patient mental health teams

Deciding whether integrated treatment can be implemented in the Netherlands



Implementing IDDT

2007-2008

Breakthrough project
Dual disorders

- 7 breakthrough teams/
6 institutions
- Using screening
instruments
- preventing
underdiagnosis
- Uniform care
allotment, regardless of
where people enter
care
- Using available DD
guidelines and toolkit
IDDT



Implementing IDDT

2009 LEDD

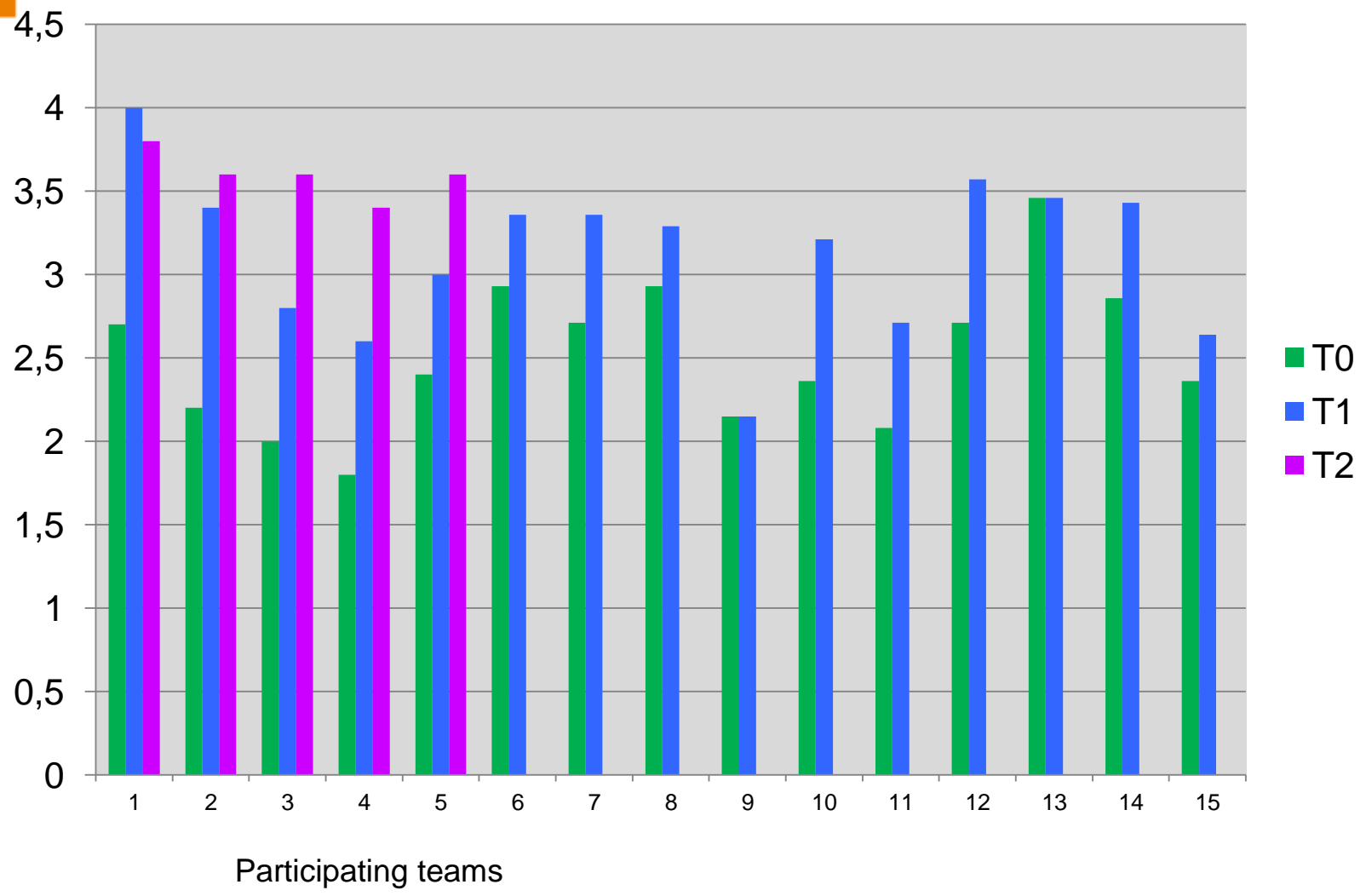
Current projects

Results

- Measured by fidelity scales
- Baseline score from 30 teams
- Average score 2,47 (range 1,6 – 3,46)
- Follow up T1=15, T2=5, T3=1 and more coming

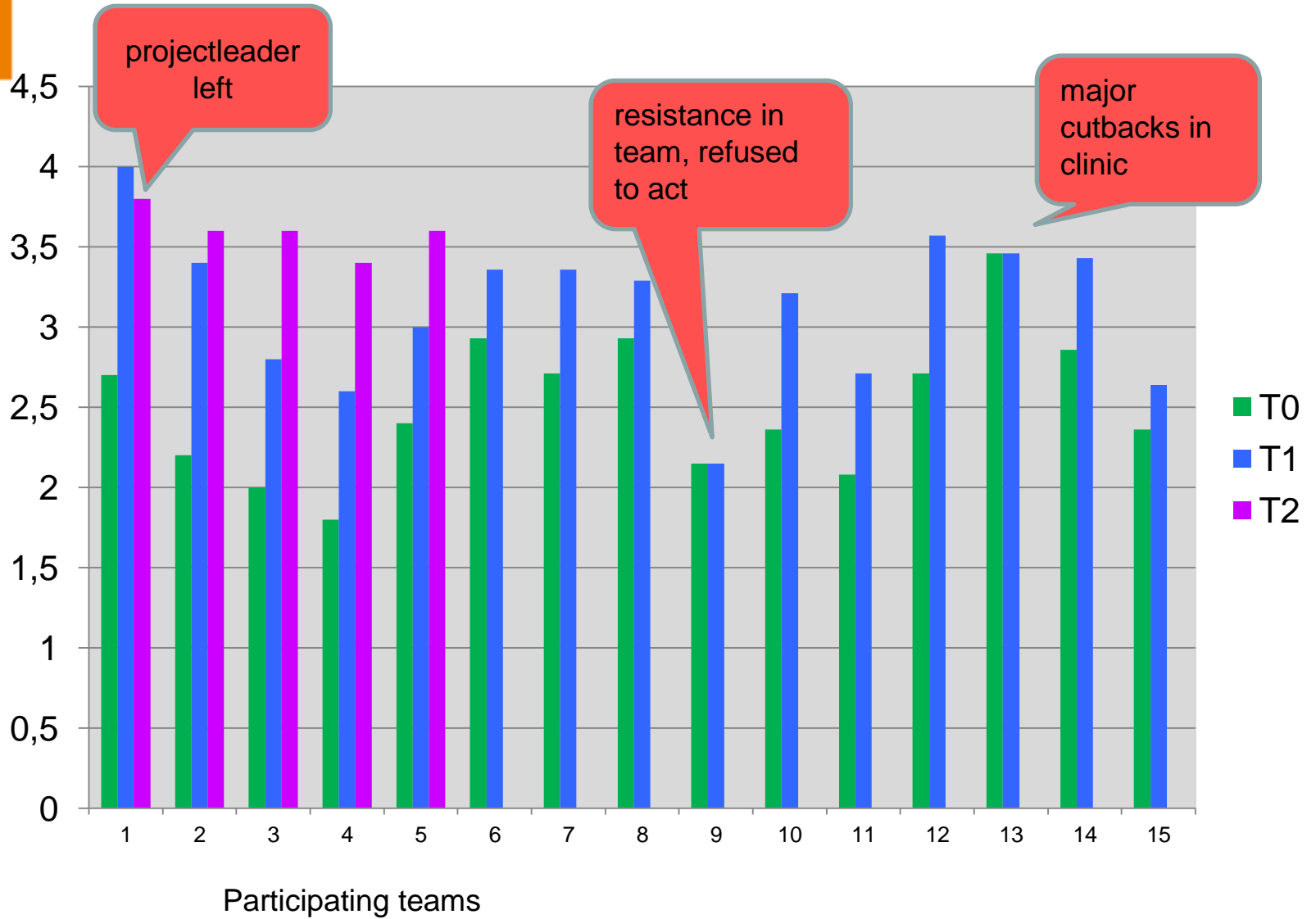


average
fidelity
score



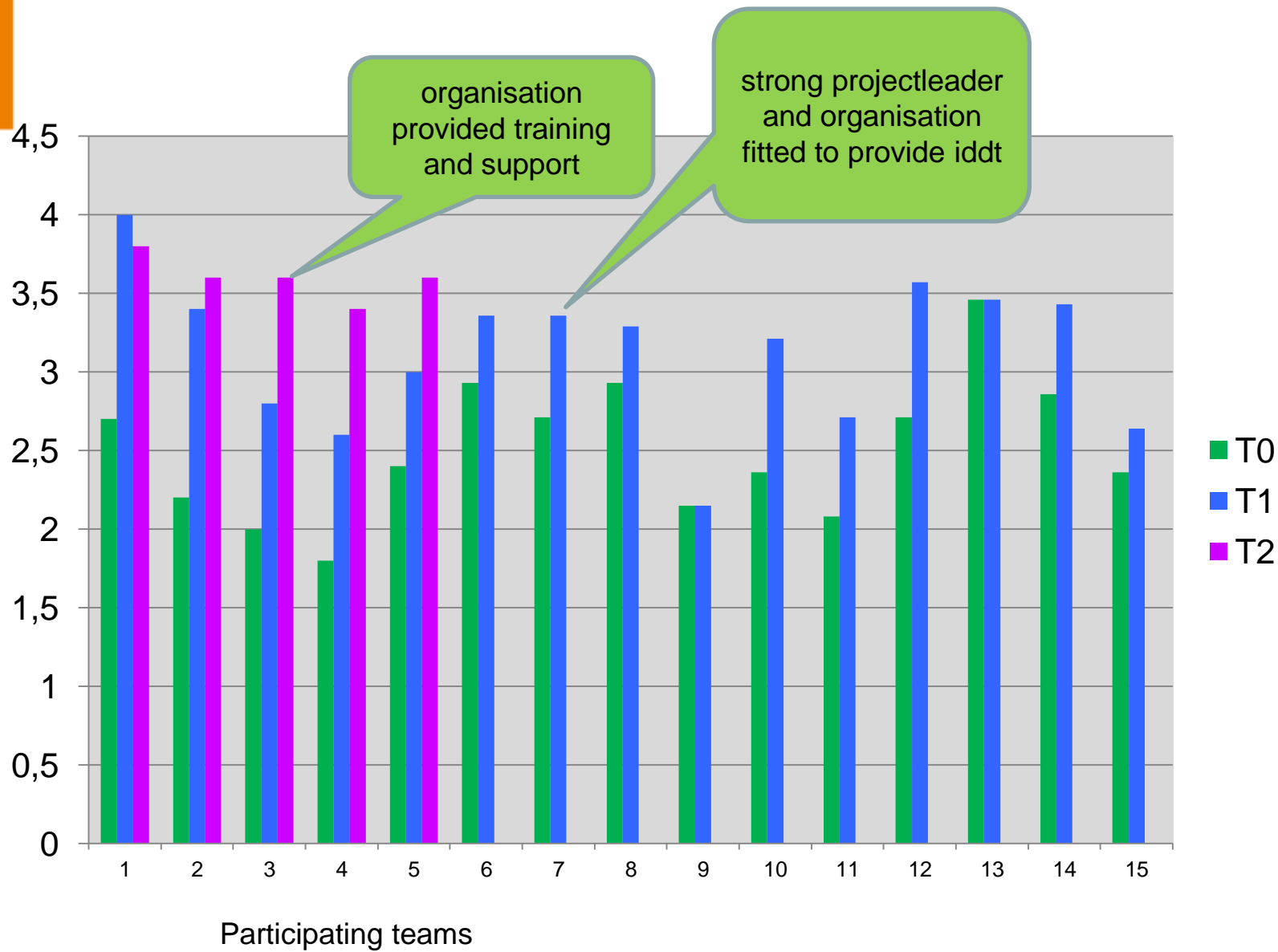
Dropping values

average fidelity score





average fidelity score



What changed?

- Attitude
- Sense of urgency
- Working with stages of change model
- Start with motivational interviewing
- Level of expertise on drugs and addiction
- Contemplation groups

What remains difficult?

- Comprehensive treatment (both disorders in all stages)
- Grouptreatment
- Selfhelp
- Family participation
- Screening, assessment and monitoring
- Safety
- Treatmentplan

How to shape the proces

LEDD:
offering
assistance
at different
stages &
levels



Board of directors

- Core message: This needs to be done!



Steering committee (higher management, policy psychiatrist, projectleader)

- Framework/scope, communication to board , facilitation



Project group

- Content, time schedule, commitment all levels



Special interest workers

- Liaison to team, upkeep information flow, commitment teammembers



Implementing teams

- Actions, client contact, scholing


stages of implementation

STAGE	1	2	3	4	5
Stages of change	Pre-contemplation	contemplation	preparation	action	maintenance
Stages of implementation	Unaware /uninterested	Consensus building	motivating	implementing	sustaining

www.ohioamiccoe.case.edu: implementing IDDT- a step- by- step guide 2006

stagnated implementation: case 1

lessons learned:

- stages: preparation  contemplation
- commitment & involvement of management
- position of project leader
- more attention for organizational barriers

assignment

1. fill in form with help of implementation scheme
2. fields:
 - family participation
 - assessment
 - residential programs
 - group treatment
 - implementation problems
3. discuss the (dis)incentives
4. present & discuss results

Assignment implementing integrated care for DD

Case description

Motivational stage of organization

Stakeholders involved

Character of disincentives:
organizational/ political/ ideological

direction for improvement

Discussion

- The national drug policy has a great influence on the way integrated DD treatment is implemented.
- Specialised DD facilities are an organisational weakness: care for DD clients should be integrated in regular mental health & addiction care
- Integrated care is not always the ideal, under certain circumstances sequential treatment is preferable.
- The benefits of a thorough assessment is outweighed by the time it takes.

Thank you!

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