

# **Dual Diagnosis and its Treatment in Israel as of the 1<sup>st</sup> of May, 2014**

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**Study day on dual diagnosis, Beit Issie  
Shapiro, 1st of May 2014**

**Please Turn Off Your Cell Phone**



**נא לכבות  
פלאפונים**

# Today's menu



- **General overview**
- **Treatment in Israel**



# Intellectual disability: Definitions

- ICD-10
- DSM-5
- The American Association on Intellectual and Developmental Disabilities (AAIDD)
- The Israeli definition
- The common feature: Delayed, not deviant, development



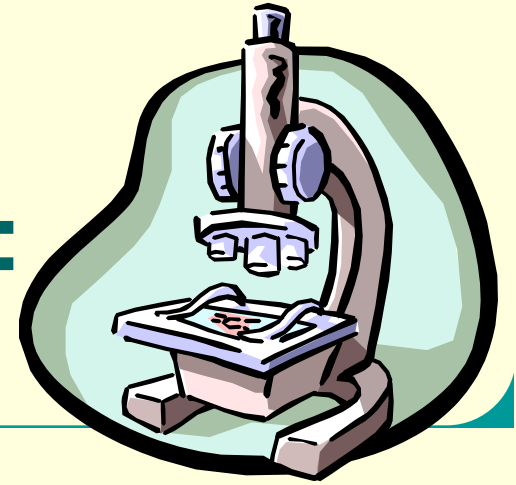
# Intellectual disability (III): Prevalence

- In European countries 2% mild learning disability, 0.35% severe learning disability\*
- In Israel about 0.5 % of the general population use services of the “*Sherut*”\*\*

\*Roy, M., Clarke, D., Roy A., 2000, (Editors): An introduction to learning disability psychiatry

\*\*Nissim, D, R Gorbатов, and M Ben Simhon. "Social Services." In *People with intellectual disability*, by Sabah Y (Ed.), 441-474. Jerusalem: Ministry Social Affairs, 2011.

# Intellectual disability (V): Aetiology



- “None” (most)
- “Genetic”
- “Environmental” (Pre-, peri-, postnatal and later)

# Differential Diagnosis of ID

- **Sensory and communication problems**
- **Environmental neglect**
- **PDD**
- **Severe ADHD (especially inattentive type)**
- **Schizophrenia**
- **Other psychopathology**

# Intellectual disability (XI): Complications

- **Physical**
- **Social**
- **Psychological**



# Intellectual disability (XIII): Management

- **General medical**
- **Psychological**
- **Social**



## What are the Psychiatric Aspects?

- **Diagnosis and differential diagnosis of ID**
- **Treatment of disturbed people with ID**

# The Epidemiology of Psychiatric Disturbance in ID

- **Reported rates vary significantly from study to study**
- **Point prevalence of psychiatric disturbance is 10% to upwards of 60%\***

\*

King B.H., State M.W., Shah B., Davanzo P. and Dykens E.: Mental retardation: a review of the past 10 years. Part I. *J Am Acad Child Adolesc Psychiatry* 1997. 36(12):1656-63.

# "Common" Psychiatric Syndromes in ID

- PDD
- Schizophrenia
- Depression
- Mania
- Dementia
- ADHD
- Conduct disorder
- Adjustment disorder
- Anxiety neuroses
- Organic brain syndromes
- Personality disorders
- Isolated symptoms
- No diagnosis

## Treatment: General Issues



- **Assessment assessment assessment!**
- **The range of treatments**
- **Not just drugs**
- **Psychiatry is medicine**
- **The patient is the patient**
- **Documentation**
- **Good quality follow up**
- **Reduction of meds**
- **Teamwork**
- **Contact with families**

# Obstacles to Good Services (I)



- Atypical presentations.
- Problems in communication.
- The problems are often not recognized by caretakers as deviating from “normal” Intellectual disability.
- If the problems are recognized as representing deviance, they are often not seen as being treatable.

## Obstacles to Good Services (II)



- Reluctance to use psychiatric services.
- Diagnostic overshadowing.
- Problems that have been correctly identified as representing potentially treatable deviance, may still be incorrectly diagnosed
- or, if correctly diagnosed, incorrectly treated.

# The Current Situation in Israel: What There Is and What There Ain't (Yet!)



- Closed institutions have a visiting psychiatrist & psychologist
- Generic mental health outpatient services
- School psychiatric consultants
- Private psychiatric consultation
- Social services
- *There is currently (almost) no dedicated psychiatric outpatient service for people with Intellectual disability in Israel*





# PROBLEMS WITH GENERIC SERVICES IN ISRAEL - THE EVIDENCE

- Anecdotal evidence
- Research evidence

# PROBLEMS WITH GENERIC SERVICES IN ISRAEL-STAKEHOLDERS' VIEWS



Participants generally not satisfied with current mental health care for people with intellectual disabilities

- Sinai A., Werner S. and Stawski, M., 2013: Assessing the need for a specialist service for people with intellectual disabilities and mental health problems living in Israel: A qualitative study. *Frontiers in Pediatrics*. December, Volume 1, Article 49, 1



## PROBLEMS WITH GENERIC SERVICES IN ISRAEL - PSYCHIATRISTS' VIEWS\*

- 256 psychiatrists (38% response rate)
- Most (90%) had had limited training in diagnosis and treatment of PWID
- Between 34% and 72% reported having inadequate knowledge in specific areas

\*Werner S., Stawski, M., Polakiewicz, Y. & Levav, I. (2013). Psychiatrists' knowledge, training and attitudes regarding the care of individuals with intellectual disability. *Journal of Intellectual Disability Research*, 57(8), 774-782.



# The Situation in Other Countries (I)

- UK, The Netherlands, Finland, Belgium and Norway: Specialist services
- Sweden and Denmark: “Attempts to cater for psychiatrically disordered people with mental retardation within ordinary mental health services in Sweden and Denmark have proved unsuccessful...” (Day, 1994)



## The Situation in Other Countries (II)

- Some of the European countries, North America and Australia are starting to form the specialty of LD in an informal way
- UK: Multidisciplinary Community Learning Disability Teams: Psychiatrists, Psychologists, Community Nurses, Speech and Language Therapists, Physios, Occupational therapists, Music, Art and Drama Therapists

# The NDP Unit in Schneider Children's Hospital (I)



- **Neurodevelopmental Psychiatry Outpatient Service in Schneider Children's Medical Center**
- **Staff**
- **Whom do we see?**
- **What do we do with them?**
  - **Detailed psychosocial assessment**
    - **History**
    - **Examination**
    - **Collateral info**
  - **Detailed feedback**

# The NDP Unit in Schneider Children's Hospital (II)

- **What do we do with them? (Cont.)**
  - Work with parents (mostly behavioural advice)
  - Work with schools
  - Direct treatment
  - Family therapy
  - Medication
  - Long-term, low -intensity follow-up
- **What do we see?**

# The Neurodevelopmental Psychiatry Outpatient Service in Schneider Children's Medical Center (I)

- Staff
- Whom do we see, and where?
- What do we do with them?




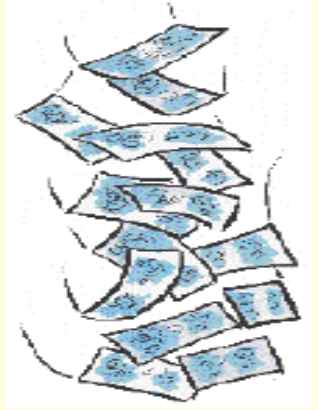


# AGENTS OF CHANGE

- Schneider hospital
- Beit Issie Shapiro
- Group for the advancement of developmental psychiatry in Israel
- Neveh Yaakov scandal
- Psychiatric reform

# MENTAL HEALTH SERVICES IN ISRAEL- REFORM !

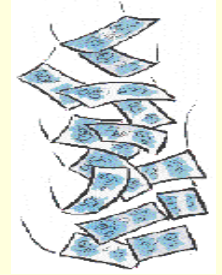
- Increased availability of services 
- Expectation to provide quality services
- Separation of the provider and the regulator of services



# The Future?? - I

- Continuation of the current situation?
- Provision of psychiatric services by the DMR?
- Raising of general awareness, knowledge and skills among generic mental health professionals?

# The Future?? - II



- The Rotterdam model
- “Key workers” in every OPD?
- Back-up to the generic psychiatrist
- Specialized psychiatric services
- A combination of the above
- The plans of the sick funds

# DISCUSSION POINTS / QUESTIONS / DILEMMAS

- What is the minimal and the optimal level of training needed to work in the field?
- How much training should the non-specialist get?
- In an ideal world, what is the best means of service delivery?



# THAT'S ALL, FOLKS!

