Dual Diagnosis and its Treatment in Israel as of the 1st 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 לכבוש פלאפוןים
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
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%*

### "Common" Psychiatric Syndromes in ID

<table>
<thead>
<tr>
<th>Common Psychiatric Syndromes in ID</th>
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<tbody>
<tr>
<td>PDD</td>
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<tr>
<td>Schizophrenia</td>
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<td>Depression</td>
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<td>Mania</td>
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<td>Dementia</td>
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<td>Conduct disorder</td>
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<td>Adjustment disorder</td>
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<td>Anxiety neuroses</td>
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<td>Organic brain syndromes</td>
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<td>Personality disorders</td>
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<td>Isolated symptoms</td>
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<td>No diagnosis</td>
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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
Participants generally not satisfied with current mental health care for people with intellectual disabilities.

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

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)
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!