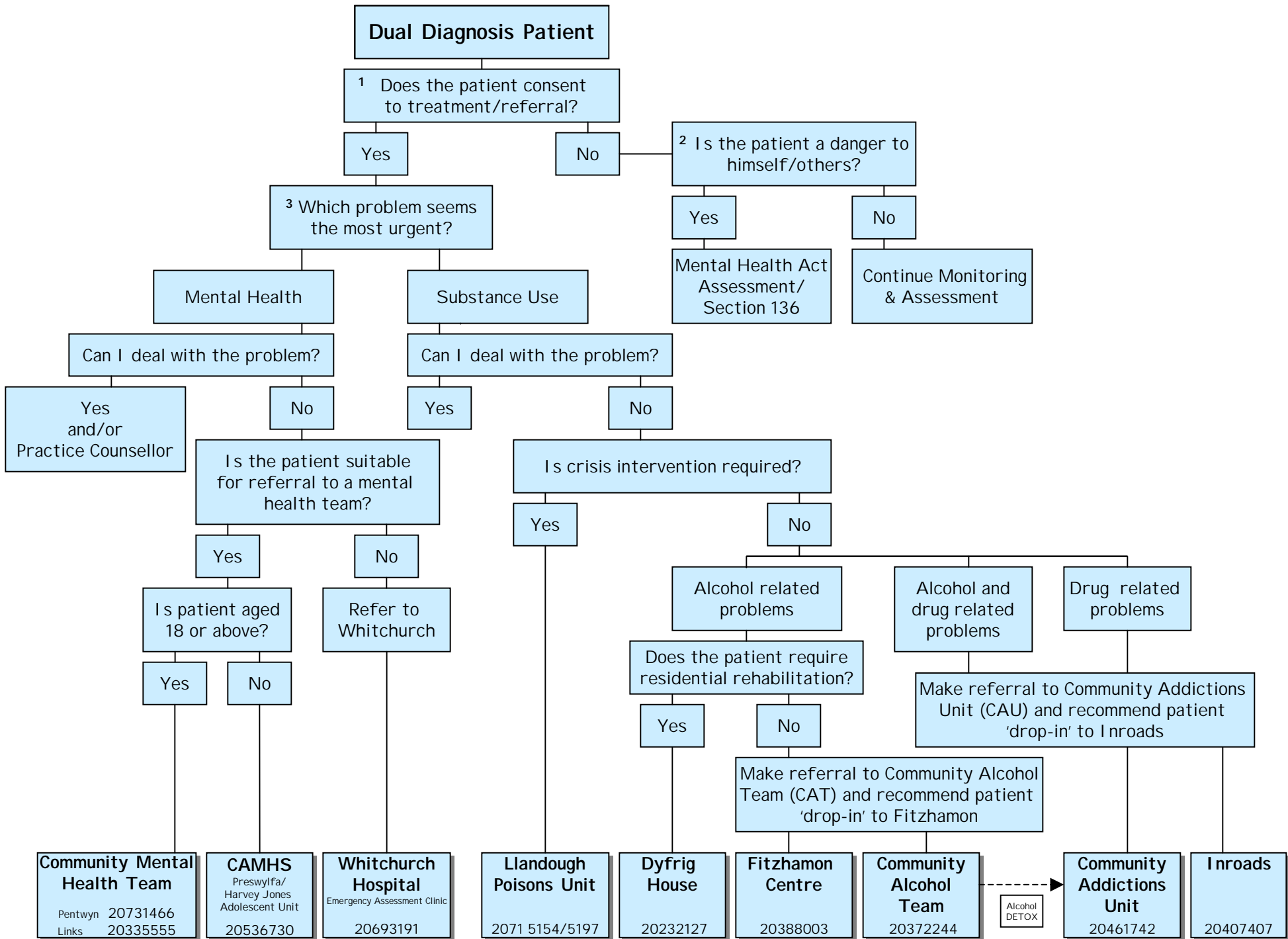


DUAL DIAGNOSIS (CO-MORBID MENTAL ILLNESS & SUBSTANCE USE PROBLEMS) PRIMARY CARE REFERRAL TOOL



Flowchart explanatory notes

¹CONSENT BOX

Getting the dual diagnosis patient to consent to treatment can be problematic. Substance use patients can be very reluctant to admit that they have a substance use problem and may talk down their use and associated problems and/or generate excuses for their behaviour. Patients with psychiatric disorders will frequently rationalise their difficulties or transfer blame to others. Having two disorders the dual diagnosis person can try to deny both and be doubly unwilling to participate in treatment.

²NON CONSENT BOX

If the patient doesn't consent to treatment an assessment must be made of their liability of causing harm to themselves or others. Patients with a dual diagnosis involving psychosis have a higher risk for self-destructive and violent behaviours. Patients who are imminently suicidal or dangerous need to be in a secure setting for further assessment and treatment.

³MOST URGENT BOX

It is difficult to determine whether psychotic symptoms represent a primary psychiatric disorder or are secondary to substance use. However, in this case, at this stage of assessment the emphasis is not on making a diagnosis but rather on assessing the severity of presenting symptoms. The initial consideration is to determine what type of treatment is required e.g. primary health care, emergency medical treatment, psychiatric treatment or substance use treatment.