Central and North West London NHS
NHS Foundation Trust

GambleAware

The In-betweeners:

What to do with problem gamblers with mental health problems

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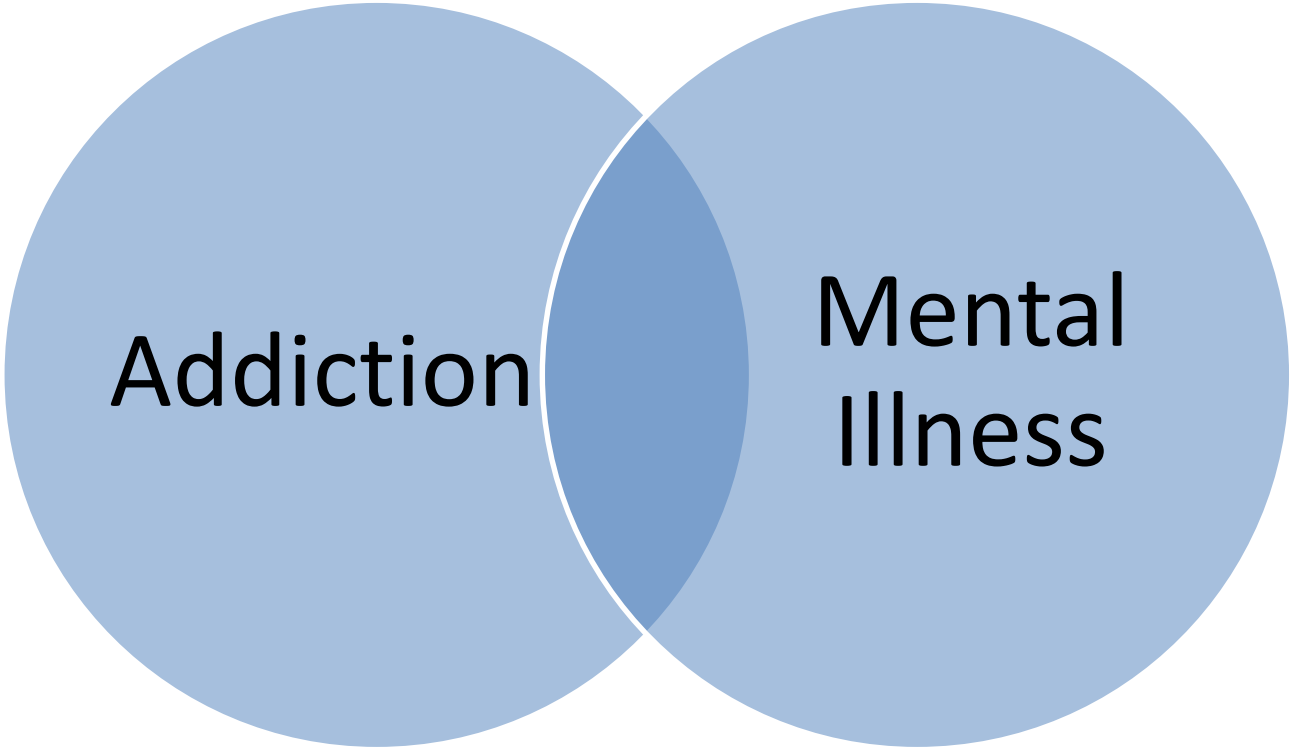
Wellbeing for life

Dual Diagnosis



Mental health problems (NPGC 41.8%)

- Mood or affective disorders (26%)
  - Depression, Bipolar
- Anxiety disorders (15.8%)
  - Panic disorder, GAD, OCD
- Psychotic disorders (5.7%)
  - Schizophrenia
- Personality disorders (2.3%)
  - Borderline/emotionally unstable, Anti-Social
- Developmental disorders (0.6%)
  - ADHD, Autistic spectrum disorders

Dual diagnosis

- Co-occurring substance use and 'severe' mental health difficulties (Rethink)
- What is 'severe'?
  - Diagnosed by mental health professional
  - Score 'mod severe' or 'severe' on HoNoS items
  - OR significant level of service usage over past 5 years (admissions, community care usage)
  - Severe Mental Illness: National Centre for Health Outcomes Development: Report to Department of Health (2000)

Can PG cause MH problems?

- Substances mimic psychiatric symptoms
- Problem gambling?
  - Emotional stress: elation, depression, fear
  - Exposure to adrenaline, cortisol, dopamine
  - Physiological stress: disturbed eating & sleeping, isolation
- Symptoms can remit with abstinence
  - E.g. grief
- But in some may trigger underlying vulnerability

Can poor MH lead to PG?

- Lifestyle as a vulnerability for addiction
  - Isolation, lack of rewarding activity, homelessness
  - Depression, psychosis
- Impaired cognitive function
  - Depression, psychosis, developmental, personality
- Problem gambling as symptom of MH problems
  - Manic episodes in Bipolar
  - Risky behaviour in personality disorder
  - Self-medication of symptoms e.g. depression

SMI client perspective on PG and MH

- Gambling "…can be a release from MH but mainly it adds to the problems"
- "..it is all interlinked and without addressing all aspects we would never improve"
- "PG influences and triggers the symptoms of my mental disorder"
- It is important "…to be able to identify similarities and differences between the symptoms of PG and MH issues and be able to manage the symptoms effectively"

Can PG be treated in MH services?

- COMO study
- Training for MH practitioners in dual diagnosis
- Found increased positive attitudes and knowledge in staff
- No changes in alcohol use during course of study

- Hughes et al (2008) Training in dual diagnosis interventions (the COMO Study): Randomised controlled trial BMC Psychiatry 8:12

Should PG services treat MH?

- Should be specialism
- Don’t duplicate services
- May deal with underlying issues but only if significant trigger to relapse / recovery
- If MH service exists in community, refer to it

Nice guidelines NG58: Coexisting severe mental illness and substance misuse: community health and social care services: 30/11/2016

- Multi-agency and specialism
- MH team takes the lead, care coordinating
- Vulnerable population: ensure safeguarding needs of client and carers are met
- All services involved in collaborative care planning
- Regular multi-agency meetings
- Population is at high-risk of losing contact with services, consistent follow-up required
- Lower caseloads and joint training important, but have cost implications

Role of PG providers with SMI/MH clients

- Assessment:
  - Identification of un-addressed MH issues
  - Awareness of physical/social vulnerability - safeguarding
  - Collaborative care planning with multi-agencies
  - Signposting if not in contact
- Treatment:
  - Close working with local MH services
  - Flexibility in engagement, intensive follow-up
  - Knowledge base of MH issues and symptomatology
- With MH teams
  - Training for MH workers
  - Support/advice for key-workers

Case study: Frank

- Severe current gambling problem, excessive rumination over losses, aggression towards staff, suicidal ideation, self-harm, likely OCD/PD, paranoia, no medication, risk to housemates, previous hospitalisation
- Who treats?
- Plan:
  - Met twice for assessment, second time with psychiatrist
  - Agreed to treat on condition he contacts GP for medication
  - Contact with GP to inform of risk and refer to CMHT for assessment
  - Themes:

    Diagnosis: signposting: care planning: specialism: risk management

Thank you

NPGC

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