The importance of socio-legal interventions in the case management of a severe dual pathology program: our 6 years' experience

Importancia de las intervenciones socio-legales en un programa basado en la gestión de casos de patología dual grave: 6 años de experiencia

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Resumen

Interest in studying dual diagnosis comorbidity between mental disorders and addictions is increasing, but so far has focused only on epidemiological, clinical and prognostic aspects (Szerman et al, 2013). However, the socio-legal needs of these patients must also be assessed, especially if we are to address the problem using a holistic case management approach, as in the case of other serious mental disorders such as schizophrenia (Nordén, Eriksson, Kjellgren & Norlander, 2012). The *Severe Dual Pathology Program* (SDPP) at the Provincial Hospital of Castellón Consortium (Spain) began in 2008 and so far has treated 293 patients. The intervention model is integrated, both medically and socially and is based on case management; the inclusion criteria is a score of under 30 on the *Global Assessment of Functioning* (GAF) scale at admission which must have improved to over 50 for the patient to be discharged.

81.2 % of the patients we have treated so far were male, and most referrals were made from the Emergency Mental Health Unit (32.4 %), followed by the Unit of Addictive Behavior (23.5 %), and the Mental Health Units (15 %). The most prevalent diagnosis at the time of starting the program was schizophrenia (46.8 %), followed by personality disorder (11.3 %), schizoaffective disorder (8.5 %), and bipolar disorder (7.5 %). The majority of patients were polydrug addicts (49.5 %) or addicted to alcohol (27.9 %).

Abstract

The SDPP has observed that only 38.9 % of patients had a disability which was recognized by public institutions at the time of starting treatment; their average income from social benefits was 479 Euros a month and 63.5 % of patients had no family support. We had to ask for a global dependency evaluation in 22.8% of cases. At the end of the program, 11.9 % of the patients were admitted to a specific center for chronic mental illness. In addition, as a response to our patients volitional, executive, and/or cognitive functional incapacity, the SDPP began legal proceedings for application for mental disability in a total of 15.3% of cases, the family acting as guardians in 8.8 % of cases, or the competent regional authority (the Valencian Provincial government) in the other 6.5 %. This percentage is lower than other psychopathologies such as mental retardation, with rates of 29.7% (García Ibáñez, Santacana and Ramo, 1999), 31% in the case of institutionalization (Borthwick-Duffy, 1994), schizophrenia with percentages between 22% and 44% (Okai, Owen, McGuire, Singh, Churchill, & Hotopf, 2007), or institutionalization at around 10 % (Uggerby, Nielsen, Correll & Nielsen, 2011), although it is worth bearing in mind that the specific mental health legislation varies in each country and thus affects these figures.

In summary, the typical profile of patients with severe dual diagnosis is that of a low income man with schizophre-

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nia, polydrug addiction, and no family support, whose affliction first becomes noticed after an emergency situation. It is rare for these patients to be evaluated for disability or global dependency to others, and indeed the judiciary requires the presence of a remarkable degree of mental incapacitation for this type of incapacitation to be awarded. Patients with severe dual diagnosis are at risk of chronic institutionalization, although it is possible to prevent this by: a) improved attention to health issues (not only in emergency situations), and b) the provision of not only economic benefits but also of social benefits in the form of recognition of the limitations these illnesses place upon these patients and the defense of their legal rights by their guardians.

Conflict of interest

None to declare.

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