

Research Project ISADORA

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Substance misuse is a major public health issue in all European communities, with additional social and legal consequences for the individual misusing drugs and for the community in general. People who misuse substances are a very vulnerable population, both mentally and physically. Compared with the general population, they have higher rates of mortality and morbidity as well as social and economic exclusion, with progressive deterioration in quality of life. It is estimated that more than one in three substance misusers also suffer from severe psychiatric disorders

Patients with dual diagnosis experience a less favourable course of illness than “single diagnosis” patients and suffer a range of negative consequences such as higher rates of relapse and re-hospitalisation, non-compliance to treatment, violence, suicide, financial and legal difficulties, family problems and HIV-risk behaviour. Furthermore, institutional treatment opportunities for this group of patients have been seen as insufficient, often resulting in the co- morbidity of these patients being overlooked or the patient group being excluded from treatment. This study focuses on the most vulnerable group of the substance abuse population, the dual diagnosis patients. Both institutional and individual factors influence the outcome of dual diagnosis patients. The study will therefore seek to identify major institutional and individual risk factors, which influence a poorer prognosis in the group studied. Identifying these risk factors is important to enable improvement of treatment service design and personnel training.

The full title of this study is **Integrated Services Aimed at Dual Diagnosis and Optimal Recovery from Addiction**. The study is based on a descriptive, prospective and predictor-finding multicentre study in seven European centres. The partners are:-

- The Psychiatric Service, Department of Education, County of Aarhus, Denmark (The Coordinator)
- Etablissement Public de Santé Maison Blanche, Paris, France
- University of Tampere, Finland
- University of Dundee, Scotland
- Institute of Psychiatry and Neurology, Warszawa, Poland
- Middlesex University, London, England

- University of Cambridge, England.

The partners applied for funding for the project from the European Commission. The design and the objectives of the project meet the aims of the following EU Programme:-

DG 12: Science, Research and Development: Research and Technological Development Activities of Generic Nature. (10) Public Health and Health Services Research. Key action 10.2. - Fighting drug related problems through epidemiological research for demand reduction - such as morbidity/mortality studies and longitudinal development of behaviour and disease identification of risk groups. In focusing on the clinical and social outcomes, this study meets the aims of the activity domains – Quality of Life and Management of Resources.

On the 1st of November 2002 the project received EU-funding for a three years period with a total budget of 1.4 million euro. The project period will be the 1st of November 2002 till the 30th of October 2005.

Objectives of the Research

1. To describe the Psychiatric service opportunities for treatment and the pathways through care for dual diagnosis patients.
2. To determine and compare the co- morbidity pattern for dual diagnosis patients within each participating centre.
3. To follow-up a cohort of patients with dual diagnosis and analyse social and clinical outcomes with a special focus on the gender aspect.
4. To identify predictors of prognosis in the sample and describe specific risk factors associated with gender.
5. To explore the views of dual diagnosis patients and of staff concerning vulnerability factors (risk factors) and the adequacy of service provision.
6. To use study results as a basis for developing an educational programme for staff and to offer it for dissemination on a European basis.
7. To develop common assessment instruments for use in a variety of countries, not merely those for use at the individual national level.

Methodology

The study is a prospective multi-centre designed study with seven centres. A combination of a descriptive study based on data from surveys and qualitative interview data and a prospective follow-up study using a standardised interview system will be carried out. Data from these studies will facilitate the development of a “descriptive treatment opportunities matrix”, a “treatment pathways matrix” on the clinical and social outcomes of the dual diagnosis sample and of subsamples related to gender. Furthermore the focus will be on the identification of institutional and individual risk factors for the prognosis of dual diagnosis patients.

Analysis and Dissemination of Results

The analysis of treatment settings and of the pathway through care will be descriptive. The analysis of outcome at follow-ups will use parametric or non-parametric significance tests as appropriate with both pre-post tests of the whole sample and of subsamples and of outcome comparison between subsamples. The predictor or risk factor analysis will use linear regression, logistic regression and Cox-regression. The analysis of the views of patients and staff on vulnerability factors will be analysed using grounded theory method.

In this project for mental health policy and practise, much emphasis will be placed on systematic dissemination of results, both within each participating country and on a European-wide basis. This will be done through:-

- A Comparative Database
- Standardised Tools for Diagnosis and Treatment
- A European Training Manual
- A European Benchmark for Best Practice
- Promoting effective Partnerships and Harmonisation of National Policies and Procedures.

The results from the project will be available at different levels for the European citizens, administrators, international organisations and Departments of Health and Social Policy in the respective countries in charge of and responsible for organising treatment systems in the mental health and the addiction field or specific services.