

Treatment of Clients with Both Mental Illness and Substance Abuse

Summarized by Thomas T. Thomas

Sometimes a mentally ill friend or relative takes street drugs or alcohol in an effort to self-medicate his or her varying emotional states. This leads to what is commonly known as “dual diagnosis.” Most traditional drug abuse programs require the client to forgo any substance, including prescribed antipsychotic medications. So substance abuse in the mentally ill requires a specialized approach.

At our November 15 meeting, members heard from **Rick Crispino**, Executive Director, and **Beth Hanis**, Assistant Program Director, of Bonita House in Berkeley, and **Laura Post, MD**, Medical Director of the Gladman Day Treatment Program. Together, these three talked about the latest programs for helping clients with dual diagnosis.

Bonita House was named for the project’s first site, a house at Rose and Bonita streets in Berkeley, opened in 1971. It was the first residential treatment program for adults with serious mental illness in Alameda County. In 1974 the organization opened a vocational program with the Junkman’s Palace Restaurant on Telegraph Avenue.

Two years later, as real estate prices were beginning to take off, Bonita House recognized that long-term housing for mentally ill adults would become a critical issue. The organization bought two properties and built two more houses, all along the Martin Luther King, Jr. Way in Berkeley, because this corridor offered bus access to work and shopping districts.

In 1991 the Bonita House program, which is funded by the county Mental Health Department, was refocused, accepting only adults with dual diagnosis. This was not much of a change, Rick Crispino explained, because most mental health clients in his experience were already suffering from some form of substance abuse.

Clients stay in the program from two to nine months, with the average being five months. To support them, Bonita House offers the following services:

- **Regular treatment**, including 37 hours of social and vocational activities per week.
- **Satellite housing** at three sites for up to 15 clients at one time. Residents participate in meal selection and preparation and other aspects of independent living.
- **Case management** for up to 80 clients who live offsite. This service primarily helps them negotiate the maze of medical and legal services and requirements.

In 1995, Bonita House merged with the Berkeley Creative Living Center, which offers services not exclusively related to dual diagnosis.

The Federal Department of Health and Human Services has recognized Bonita House’s achievements. The project was one of 16 nationwide that were

asked to participate in writing a treatment manual for dual diagnosis, and it was one of six asked to participate in a two-year outcomes study.

Gladman Day Treatment Center in Oakland is one of six Northern California facilities operated by Telecare Corporation; others include the Villa Fairmont and Morton Baker centers. Gladman serves about 60 adult clients ranging in age from 18 to 65 on an outpatient basis. The average treatment period is a year to 18 months.

“According to a National Institutes of Mental Health study,” Dr. Post said, “twenty percent of a random population sample will have some kind of addiction problem, and up to 30 percent will have a mental health diagnosis. More likely than not, there will be an overlap between the two.”

She noted that dual diagnosis presents special problems, because addiction is usually treated according to a social model, while mental illness is treated with a medical model. Sometimes there is a conflict, as in the case of a client whose hard-won sobriety may be jeopardized by the need to take an antipsychotic medication like lithium.

Gladman’s dual diagnosis treatment program takes four phases:

- **Accurate assessment** through interviews and drug testing to identify the underlying mental health problem, which can often be masked by the addiction. To do this, Gladman has a full-time and nursing staff.
- **Rehabilitation**, which is client focused and operates on the choose-get-keep model. That is, what does the client want out of life? How can he or she get it? And how to maintain it?
- **Engagement**, designed to keep the client in the program. Gladman has a variety of socialization, recreation, and support functions which change over time as the client’s functioning and skill levels improve. The program has eight social workers and counselors involved in this phase.
- **Relapse prevention**, designed to help the client identify and separate sobriety relapses from episodes of mental illness.

Gladman is prepared to deal with all of the situations that can accompany dual diagnosis: homelessness, detoxification, becoming a danger to self and others, and drug side effects.

“We do have a low threshold for intoxication on the premises, violence, and abusive or aggressive language,” Dr. Post said.

Costs of patient treatment at both Bonita House and Gladman are largely paid for by government entitlements, usually MediCal or Medicare in the case of a disabled client. Crispino of Bonita House said that all of his clients have or apply for Supplemental Security Income (SSI), and his program takes 80 percent of the person’s benefit payments.

Admissions policies vary between the two programs. Gladman generally will not take anyone who does not express a desire to quit his or her addiction. Signs of this would be coming to the admissions interview drunk or on drugs. Gladman will also reject clients with certain medical complications.

Bonita House will not take people who have serious legal charges pending, such as from a felony. Also, if the client has managed care benefits, the insurance company’s “gatekeeper” must approve referral to the program.

Alameda County encourages referrals to Bonita House from among its “high utilizers” of mental health services. Approximately 15,000 people in the county make use of such services, absorbing \$90 million a year in program costs. But of these, only about 500 people, or three percent, absorb one-third of that budget—or \$70,000 per person per year. It is these people that the county wants to get into supported independent living facilities, like those at Bonita House.