

# *Guideline Nine*

**Assessment and treatment of 'comorbidity' should be undertaken in conjunction with that for psychosis**

## Background

The co-occurrence with psychosis of a variety of problems is well documented. These include substance misuse, depression and suicidal thinking, social avoidance and PTSD like phenomena. These problems may arise as responses to the impact of psychosis and its treatment including for many, a sense of loss (Rooke and Birchwood, 1998).

## Requirements

1. Substance misuse, depression/suicidal thinking, social avoidance and intrusive memories linked to the psychosis should be assessed regularly.
2. Opportunities for personal counselling on matters concerning the development of and adaption to psychosis should be made available. This might take the form of a structured recovery programme, including an opportunity to form alliances with others facing similar difficulties.
3. Specialised help for substance misuse should be available including information about the risk for relapse associated with heavy cannabis use and the use of motivational interviewing.
4. Social avoidance in psychosis has many origins and requires careful assessment. This might range from catastrophic loss of confidence, low level paranoid thinking or 'normal' beliefs associated with social phobias.

Getting it right....

**Tony was dealing in drugs and using heroin on a regular basis. He had been threatened on many occasions by fellow dealers and suppliers and had once been beaten up. He was found a flat on the other side of the**

city and despite reluctance was put in touch with the community drugs team.

Where things can go wrong....

**Tom, 25 years old, was admitted via a court diversion scheme as he appeared psychotic and was exhibiting overt signs of psychosis whilst in police custody. He had several sentences for theft and ABH and was a known substance misuse. Professionals involved in his care were unsure whether his psychosis was related purely to his substance misuse. He was not assessed by the substance misuse team nor was a comprehensive history taken of onset of psychosis and substance use. He is now in prison again without support.**

### *Ask Yourself.....*

**Think of the lost three young people with psychosis you have seen...**

- Did you assess for substance misuse, depression, suicidal thinking and/or social avoidance?
- Were many of these problems identified as targets for intervention in the care plan?
- How many individuals with comorbid substance misuse have you referred for specialist help for their substance misuse problems?

National Service Framework Links: Standard 4 requires a comprehensive assessment of all mental health needs including problems of substance misuse.