Exploring dual diagnosis: Examining professional’s knowledge, attitudes, and training on intellectual disability and psychiatric disorder

Varun Ojha | Mukul Bhatt | Rupam Singh | Pallavi | Bhupesh Goyal

Abstract People with Intellectual Disabilities (ID) and a Psychiatric Disorder (PD) are referred to as having a dual diagnosis (DD). Mental health (MH) professionals must possess the necessary skills and a positive outlook to care for people with DD adequately. Through appropriate instruction, these goals are achievable. ID and mental problems co-occurring are referred to as a DD, presenting complicated issues for those with ID and those with mental illnesses that work with them. To better understand the gaps and prospects for advancement in this area, this research set out to investigate the attitudes, knowledge, and training on ID and PD of professionals in relation to DD. This study on professional caregivers’ attitudes, knowledge, and training about people with DD, ID, and PD supports extensive training programs to fill in knowledge gaps, encourage positive attitudes, and improve abilities while working with this group. For experts to give patients with DD the best service feasible, their attitudes, knowledge, and training must all be enhanced. The purpose of developing this approach was to discover manuscripts that have been published in English after the year 1995. By locating relevant literature within the required timeline and language, this method attempted to make sure that the articles chosen fit the parameters and goals of the study or research that was carried out. This study selected and examined six papers on knowledge, attitudes, and training on ID and PD in the area of DD. The outcome of this study underlines the need to provide practitioners in the DD sector with chances for training and practice to increase their knowledge, competence, and attitudes. Recommendations are offered in light of this evaluation for enhancing guidance opportunities and carrying out additional studies.

Keywords: Mental Health (MH), Psychiatric Disorders (PD), knowledge, Mental Illness (MI), Dual Diagnosis (DD), Intellectual Disability (ID)

1. Introduction

Mental health issues (MHI) and drug misuse or dependence are referred to as having a DD. Substance addiction and MH are inextricably linked, often influencing and amplifying the impacts of the other. Due to the complexity of managing two diseases simultaneously, people with DD experience special difficulties. Because people may take drugs for self-medication or to deal with emotional anguish, MH may increase the risk of substance misuse. In contrast, as drugs may change brain chemistry and intensify symptoms, abusing them can lead to the onset or progression of MHI (Alsuhaibani et al 2021). The psychological, social, and emotional states experienced together comprise MH, and MH has a major impact on managing stress, interacting with others, and making decisions. MH and physical health both need attention. People may develop resilience, discover pleasure in life, and achieve inner peace by prioritizing MH. The general public seems less accepting of persons with mental illnesses than those with physical disabilities; among many other health issues, MH must be prioritized (Riffel & Chen 2020). Specialists in diagnosing, treating, and managing MH diseases are known as psychiatrists. Psychiatrists are essential members of medical and MH communities because of their substantial training. To provide patients with complete and individualized treatment programs, physicians draw on knowledge of the intricate interactions between biology, psychology, and social variables. In-depth assessments, drug prescriptions, and various treatment modalities, such as psychotherapy or cognitive–behavioral therapy (PBT), are all skills that psychiatrists possess (Forsdike et al 2019). Psychiatrists are highly knowledgeable and skilled professionals in the area of MH. Physicians thoroughly grasp MI, diagnostic criteria, and evidence-based treatment techniques via years of demanding study, training, and clinical practice. Its extensive expertise

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includes the interaction of genetics, neurobiology, and environmental variables in the onset and presentation of mental diseases and the complexity of the human mind. Psychiatrists substantially contribute to the well-being of people with MH problems by combining their knowledge, attitudes, and professional abilities (Crane et al 2019). A person’s psychological, cognitive, and behavioral health may all be impacted by a variety of illnesses known as MHIs. Some may present with psychotic illnesses, personality disorders, depression, anxiety disorders, or more. Combinations of genetic, biochemical, psychological, and environmental variables may lead to MHIs. These disorders may severely impact people’s lives, interpersonal interactions, and everyday functioning. The prevalence and treatability of MHIs must be acknowledged. The therapy or medicine prescribed by a doctor can help patients manage symptoms and speed up the healing process (Gaiha et al 2020). Professionals in the field of MHIs, such as psychiatrists, psychologists, therapists, and counselors, have a wealth of information and a particular set of attitudes used to guide their work. These professionals undergo extensive study and training to develop a thorough grasp of MHIs, psychological ideas, diagnostic techniques, and evidence-based therapy. MH practitioners commit to diversity and cultural sensitivity. Professionals realize that structural, social, and cultural issues affect MH and modify methods appropriately. Making an effort to provide inclusive and equitable treatment while respecting and honoring the identities and histories of their patients (Gyamfi et al 2020). A person’s ability to process information and emotions and interact socially can be profoundly impacted by various disorders, including MI and physical and developmental disabilities. MIIs that affect mental processes, mood control, and behavior include schizophrenia, bipolar disorder, depression, anxiety disorders, and other conditions. These problems require thorough evaluation, diagnosis, and treatment, often including support services, counseling, and medication. These illnesses, such as intellectual impairment, Down syndrome, autism spectrum disorder, and others, may influence cognitive capacity, communication, social connections, and ordinary living skills (Watson et al 2019). Psychological counseling or psychological treatment, commonly known as psychotherapy, is an effective strategy for addressing MHIs. It entails a cooperative and private therapeutic connection between a qualified MH practitioner and the person seeking assistance. Psychological therapy aims to reduce discomfort, develop coping mechanisms, increase self-awareness, and improve general well-being. Psychological treatment occurs in many forms: psychodynamic therapy, interpersonal therapy, and mindfulness-based methods (Adams & Young 2020). Information, attitudes, and behaviors toward patients with MIIs are crucial for improving patient welfare and reducing stigma. Understanding the nature of mental disorders and their causes, signs, and treatments is essential. Recognizing the variety of MHIs and the effects that it may have on people’s lives is also a part of this process. When talking with patients, it is essential to be sympathetic and nonjudgmental to create a safe and conducive setting for their rehabilitation. This entails treating people with decency, respect, and compassion while recognizing their difficulties without stigmatizing them. Positive actions include actively listening, providing appropriate support, and enticing people to seek professional assistance when necessary (Abi Doumit et al 2019). Public perceptions and attitudes regarding MIIs significantly determine how cultures see and treat people with MHD. Understanding mental disease entails being aware of the many illnesses, their signs and symptoms, the available therapies, and the fact that MH is just as essential as physical health. The idea that people with MHDs are dangerous or weak is one of many myths and prejudices that must be dispelled (Robinson & Henderson 2019). This study on professional caregivers’ attitudes, knowledge, and training concerning persons with DD, ID, and PD recommends intensive training programs to bridge knowledge gaps, foster positive attitudes, and increase skills while interacting with this population. Professionals must increase their understanding, attitudes, and training to offer high-quality DD care.

Ebbenyi et al. (2020) explored the challenges and possible solutions for including individuals with intellectual and psychosocial impairments in technical and vocational training programmes. Administrators of several programmes in four countries participated in an exploratory qualitative investigation. It featured a group conversation in addition to ten deep interviews, and the core framework comprised the culture, organization, and behavior model. The knowledge, attitudes, and behaviors of medical students about electronic medical education should be established, and an overview of the circumstances that medical students encountered throughout the COVID-19 epidemic should be presented (Alsoufi et al 2020). Boukouvalas et al. (2020) investigated the knowledge and attitudes of healthcare professionals concerning suicide. In addition to ensuring the treatment of individuals who could be thinking about or performing suicide. Complex, linked factors that influence behavior and might affect patient outcomes include healthcare workers’ knowledge about, attitudes toward, and confidence in providing treatment for persons at risk of suicide. The healthcare curriculum and continuous professional development for healthcare workers must include training and teaching on suicide. Lu et al. (2020) examined the mindsets of elementary school teachers toward students with autism spectrum disorder (ASD) and their level of professional self-efficacy toward the condition. According to the research, knowledge and attitude significantly influence professional self-efficacy. Consequently, to improve their knowledge of ASD and how they see these children, teachers’ professional self-confidence about children with ASD might be enhanced. Disability cultural competency refers to a doctor’s capacity to address the population’s social, cultural, and language demands. The purpose of this study was to analyze the knowledge and attitudes of medical professionals about patients with disabilities. A total of 20 doctors from five different subspecialties who have been in practice for eight to 51 years participated in open-ended, one-on-one interviews lasting an average of 41 minutes in a qualitative study. For traditional content analysis, interview tapes were transcribed verbatim (Agaronnik et al 2019). Although attitudes are an important variable in whether or not children with attention deficit hyperactivity disorder (ADHD) are included in regular classrooms, the

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elements affecting these opinions are not well understood. This investigation investigated the influence of experts’ views on mainstream inclusion on their understanding of and stigma surrounding ADHD. Compared to other professionals, psychologists demonstrated more knowledge, held less stigmatizing views, and were more accepting. According to regression analysis, those who knew more about ADHD and believed it was less stigmatized tended to be more supportive of mainstream inclusion (Toye et al 2019). One of the student demographics at higher education institutions with the highest growth rate is adults with learning difficulties (LDs). The achievement of these pupils and their ability to adapt are greatly influenced by the faculty. This research specifically examined faculty members’ interactions, attitudes, expertise, and training for students with LDs (Lipka et al 2020). Noonan et al. (2019) assessed the perinatal MH education, training, and professional support requirements of public health nurses. Public health nurses had high levels of confidence and knowledge in their ability to recognize stressed, nervous, or depressed women. Their confidence in their capacity to care for women was lower. Nurses working in public health need educational opportunities to investigate culturally different psychological distress symptoms, as well as their perspectives on mental health, professional supervisory structures, and social support systems. The considerations included understanding of depression symptoms, perspectives about depression, experiences with student mental health, and demographic and professional data. The degree of stigmatizing behavior had no impact when a member of the instructional staff reached out to a student seeking MHI help. Students with MHI can be connected to appropriate treatment in a university setting if staff members undergo MH literacy training and possess the necessary skills to react effectively to them (Gulliver et al 2019). Matsuzawa et al. (2019) discussed the psychological factors of treatment compliance, including perspectives and convictions. Change-inspiring factors include identification of causes, control points, self-efficacy, acceptance, coping strategies, personality traits, and mental problems. This is because people underutilize no pharmaceutical therapies. Finally, strategies and solutions for improving medicinal properties, matching and reducing problems related to nonadherence are discussed.

2. Methods

2.1. Search strategy

The Electronic Research Information Consortium (ERIC), the Psychological Science Network (PSYCNET), the Medical Library Association's (MEDLINE), the Social Sciences Research Network (SSRNet), and EMBASE were used as sources of data in the creation of a technique for locating information. CINAHL and Psychiatry for English-language publications published after 1995. The characters ID, DD, and PD were used in the search. Direct workers, social workers, nurses, psychiatrists, general practitioners, and social workers are all included in this category. The MI, ID, learning problems, education, training, attitudes and knowledge toward coronary artery disease, and stigma. Learning problems, mental retardation in development, and developmental impairments all fall under this category.

Figure 1 displays a flowchart of the systematic review process that was employed. Using this search approach, 2243 possibly relevant studies were found in total. Manuscripts that fit the inclusion criteria (n = 27) were reviewed in full after duplicates were eliminated. Only eight of these papers seemed to satisfy the requirements for study inclusion. To find more relevant papers, reference lists and Google Scholar were used to find more information. A consensus was reached by the scholars about the inclusion of almost 87% of the papers. While unsure, a consultation was held to make a choice. Two of the 21 publications in the final systematic review were from the same research.

2.2. Inclusion criteria

Due to the possibility that a large number of psychologists and staff nurses are professionals who may work with individuals with developmental disabilities, investigations of PD social workers, general practitioners (GPs), have been conducted. Studies released as conference proceedings, abstracts, or preliminary results in reviewed journals were not included. The included studies were grouped under the following broad categories: understanding of DD, attitudes toward persons through DD or toward the care of people through DD, and instruction in DD. Only articles explicitly situated within an MH setting and focused on people with IDs were included.

3. Results and Discussion

3.1. Studies examining knowledge of DD

Studies have examined knowledge using direct or indirect methods. Measures of symptom and psychopathology knowledge are direct indicators of professional expertise. Indirect measurements were used to examine participants’ opinions on the value of DD knowledge in terms of the knowledge they believe and possess. Studies relating to psychiatrists and other professions are separated in this area. In the training section, articles that looked at knowledge as a training outcome variable were studied.

3.2. Knowledge of DD among other professional groups

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Studies have assessed the knowledge level of specialists other than psychiatrists about DD. They are surveying generalist nurses on their knowledge of 22 conditions that increase the demand for health care among ID patients. There is a substantial gap in knowledge, despite approximately 18% of nurses being aware that the increased likelihood of schizophrenia among patients who have ID is a serious problem. The creation of the Mini-PD Assessment Schedules for Adults with ID was spurred forward by this motivation. According to paid careers, diagnostic overshadowing often occurs since medical professionals are ignorant of DD-related concerns. The units that provide evaluation and treatment for people with developmental disabilities recognized the staff’s knowledge and expertise, most notably their beneficial basis and person-centered approach, as well as their ability to successfully communicate with community teams and their experience, as significant characteristics of these units.

3.3. Studies examining perceptions of DD

In addition to understanding psychopathology, professionals’ perspectives about people with DD and attitudes toward treatment might affect their experiences and the care they provide. Again, studies linked to psychiatrists and related to other professions are separated in this section’s review.

3.4. Attitudes toward dual diagnosis among psychiatrists

To manage aggressiveness, antipsychotics are overused, according to 63% of consulting psychiatrists and 72% of training psychiatrists. Approximately 88% of the respondents agreed that specialist PD hospitals provide higher-quality care than general services. More than 29 percent of polled individuals said they would rather not have to interact with those suffering from DD. According to 74% of respondents, antipsychotics were overused to manage aggressiveness, persons with DD receive somewhat poor mental treatment, and specialized services provide a greater grade of care than general services. Furthermore, 55% said they would rather not treat people with ID.
Compared with those in ID management and other professions, psychiatric residents scored lower on the empowering subscale and higher on the protection and exclusion subscales. This may be due to their training and skewed exposure to ID patients with serious behaviors or MI. The authors of the present study concluded that psychiatry residents had different views on ID than did the general public. The current ID laws and activities are based on the inclusionary concept and support the empowerment of those who possess ID. They also oppose their exclusion from community activities and overprotective measures against damage.

3.5. Attitudes of other professionals regarding DD

In a previously demonstrated study, researchers discovered that emergency department caregivers from community groups saw insulting statements, a lack of attention on the individuals, and contact with the professionals rather than the individuals themselves as signs of disrespect for persons with ID. Most physicians treat behavioral disturbances in ID patients via the purview of a specialist. Ninety-seven percent of the GPs surveyed agreed that MI is a serious issue for those with ID. Even though 92% of the participants said the GP should handle this issue, only 36% did.

3.6. Training in DD among MH professionals

The following topics were not adequately addressed: psychotherapy, communication issues, family system issues, medications, assessment, PD and behavioral types associated with a specific ID, and individual attitudes, based on 52% and 91% of respondents, respectively. The following are some examples of methods used to treat people with ID equally: implementing the person before the disability, respecting their equal rights, being ready to assess one’s attitude views, protecting caregivers’ knowledge and opinions, and recognizing the preferences and views of people with ID and their families. The perspective of training among other professions, especially the training requirements of physicians, managers, researchers, and policymakers, was the subject of only one study.

Percentile is a statistical term used in psychiatry and MH to identify exactly what a person stands along with when he or she performs in comparison to others during a certain MH examination or measurement. The impact factor is a statistic used to evaluate the importance and effect of scholarly publications that disseminate research in psychiatry and MH. It calculates the typical number of citations that papers published in a certain magazine over a specified period acquire (Figure 2 and Table 1).

<table>
<thead>
<tr>
<th>Years</th>
<th>Impact factor</th>
<th>Percentile</th>
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</thead>
<tbody>
<tr>
<td>1996</td>
<td>0.3</td>
<td>2.2</td>
</tr>
<tr>
<td>2000</td>
<td>0.48</td>
<td>2.2</td>
</tr>
<tr>
<td>2004</td>
<td>0.5</td>
<td>2.2</td>
</tr>
<tr>
<td>2008</td>
<td>0.94</td>
<td>2.3</td>
</tr>
<tr>
<td>2012</td>
<td>0.86</td>
<td>2.3</td>
</tr>
<tr>
<td>2016</td>
<td>1.28</td>
<td>2.32</td>
</tr>
<tr>
<td>2020</td>
<td>2.4</td>
<td>2.48</td>
</tr>
<tr>
<td>2022</td>
<td>2.38</td>
<td>2.45</td>
</tr>
</tbody>
</table>

Table 1 Numerical results of PD and MH.

Figure 2 PD and MH.
3.7. Effectiveness of DD training among MH professionals

The influence of the training on knowledge, abilities, and attitudes must be considered to assess the success of the instruction given. Unfortunately, only one study examined psychiatrists and assessed knowledge, power, and confidence improvements. Graduating students’ connections with ID professionals received lower ratings, with knowledge of the neighborhood and postresidency involvement and ID patients cited as major influencers. Percentile is a statistical metric that compares an individual’s performance to others in evaluations or measures linked to DD and MH. Percentiles are often used in the context of DDs and MHs. It offers a means of comprehending whether a person’s marks or results relate to those of a wider group. The impact factor is a statistic used to evaluate the significance and influence of scholarly publications that disseminate research on the subject of DD and MH. It calculates the typical number of citations of articles published in a certain publication during a specified time period (Figure 3 and Table 2).

<table>
<thead>
<tr>
<th>Years</th>
<th>MH and substance use DD</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Impact factor</td>
</tr>
<tr>
<td>2010</td>
<td>0.5</td>
</tr>
<tr>
<td>2012</td>
<td>0.8</td>
</tr>
<tr>
<td>2014</td>
<td>0.4</td>
</tr>
<tr>
<td>2016</td>
<td>0.47</td>
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</tbody>
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The training gave staff members other methods for handling patients' behavior and aided their understanding. Training also improved staff members’ medical knowledge and made difficult DD-related concerns less intimidating to them. The training sessions that addressed prevalent MH issues, the conditions present in persons with ID, and the distinctions between MH issues and ID were those that participants rated as being the most beneficial. MI and substance abuse can combine and intensify one another, creating more complicated and difficult treatment demands. Substance abuse may aggravate the symptoms and course of MI, and the presence of mental disease can increase the likelihood of developing drug use issues. Co-occurring illnesses require integrated and specialized treatment modalities that simultaneously address MH and substance abuse issues (Figure 4 and Table 3).

<table>
<thead>
<tr>
<th>Time after release from prison</th>
<th>Crude incidence rate per 1000 person-years (95%CI)</th>
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<tbody>
<tr>
<td></td>
<td>No mental disorders</td>
</tr>
<tr>
<td>0-31 days</td>
<td>300</td>
</tr>
<tr>
<td>31-91 days</td>
<td>290</td>
</tr>
<tr>
<td>92-181 days</td>
<td>350</td>
</tr>
<tr>
<td>182-365 days</td>
<td>200</td>
</tr>
<tr>
<td>2-3 years</td>
<td>210</td>
</tr>
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</table>
The studies under evaluation indicate the need to enhance practitioners' knowledge and expertise in developmental disabilities and their attitudes toward people with DD and the services they provide. The most difficult challenges for succeeding in the field of DD have been the need for more professional information about PD evaluation and treatment and the ignorance of the particular needs this community has about their MH. After providing instruction, attempting to influence attitudes is the next crucial step. Attitude adjustment is crucial because most psychiatrists still refuse to deal with ID patients after receiving training. This research shows that movement generally boosts professional populations' knowledge, abilities, and confidence.

Nevertheless, the majority of research examining these difficulties has generally focused on specialists other than psychiatrists. The studied material can be useful in creating initiatives meant to improve psychiatrists' understanding and encourage suitable attitudes. A strong educational programmer for professionals from all fields must include opportunities for supervised experience with persons with DD as well as opportunities for direct engagement. Given that few psychiatrists in many nations are proficient in the subject of DD, it is probable that oversight in this area needs to be improved. This may make it difficult for psychiatrists and MH trainees to treat persons with DD. Based on the information currently available, completion of a DD training course is mandatory for any professional who could be working in ID or MH services.

4. Final considerations

A DD is a term used to describe persons with IDs and a PD. To properly care for patients with DD, MH professionals must have the required abilities and a positive mindset. Research is often conducted using surveys, interviews, or other techniques to collect information and inform strategies for strengthening professionals' knowledge and training on ID and PD to improve outcomes for people with DD. According to this study, more information is needed to fully understand these concerns. Comparing various professions and training programs will be possible because of the adoption of standardized outcome metrics. The professionals in charge of their treatment may provide better daily care to people with DD if training is expanded. The objective is that by doing this, professionals will see the value of helping them, be aware that MH workers can assist this demographic, and desire to become more engaged in their care. The sample size and participant demographics may make it difficult to generalize the study's results to all professionals working in various contexts or areas. Additionally, investigating the opinions and experiences of people with DD and their dependents in connection with the attitudes and expertise of professionals may provide insightful information for enhancing treatment and support. The most effective strategies for boosting professionals' abilities in helping people with DD may also be found by evaluating the efficacy of various training programs and treatments.

Ethical Considerations

Not Applicable.

Conflict of Interest

The authors declare no conflict of interest.
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