Embracing Complexity:

Building better practices to support people affected by Concurrent Disorders

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Making Milestones: Landmarks & Discovery
Ontario College of Social Workers & Social Service Workers
Annual Meeting & Education Day
Toronto   June 2010

From holistic values to integrated practices…

From holistic values to integrated practices…

…through bio-psycho-social *plus* approaches

6 Principles

- People First
- Under-recognized, but common
- Complex, but understandable
- Challenging, but treatable
- More than "clinical" problems
- From "*in spite of…*" to "*because of…*"

1st Principle

- ***People First***
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*People with co-occurring disorders are **people first**… Too often these individuals pay a high price for co-occurring disorders*

SAMSHA, 2002

Naming Addiction and Mental Health Problems

- Dual Diagnosis/Dual Disorders
- MICA - mentally ill chemical abusers
- MISA – mentally ill substance abusers
- SAMI - substance abusing mentally ill
- CAMI - chemical abusing mentally ill
- COAMD – co-occurring addictive & mental
- 3-D patients: drinking, drugged, disturbed
- "Double Trouble"/"Double Jeopardy"
- Multifarious Caseloads
- Comorbid Disorders
- Combined Disorders
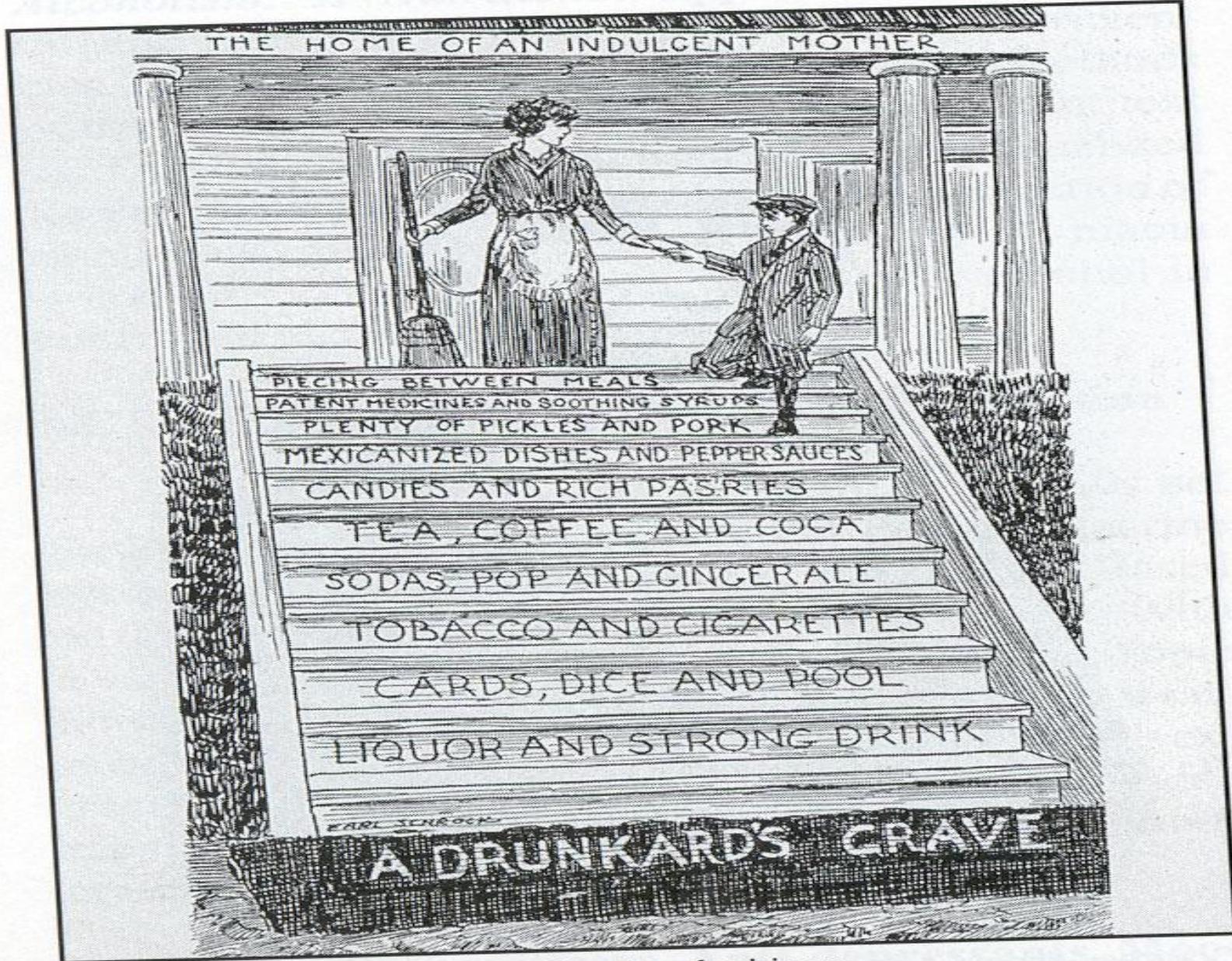- Co-occurring Disorders
- Concurrent Disorders

Mental Illness, Addiction and Stigma

- Double stigma (but 1+1=3)
- Different views - community at large
  - the mentally ill - growth of illness model
  - the addicted - persistence of moralism
- The view of addiction and of addicts among mental health workers
- The view of mental health problems and the mentally ill among addiction workers
- Internalized stigma – the last horizon

THE HOME OF AN INDULGENT MOTHER

PIECING BETWEEN MEALS
PATENT MEDICINES AND SOOTHING SYRUPS
PLENTY OF PICKLES AND PORK
MEXICANIZED DISHES AND PEPPER SAUCES
CANDIES AND RICH PASTRIES
TEA, COFFEE AND COCA
SODAS, POP AND GINGERALE
TOBACCO AND CIGARETTES
CARDS, DICE AND POOL
LIQUOR AND STRONG DRINK

A DRUNKARD'S GRAVE

A Temperance Progression Chart

"Junkies and drug pushers don't belong near children and families. They should be in rehab or behind bars... Keep junkies in rehab and off the streets"

2nd Principle

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Rates of Co-occurrence

- Presence of psychiatric illness increases likelihood of a substance use disorder by 2.7 times
- Presence of substance use disorder increases likelihood of psychiatric disorder
  - if alcohol, by 2.3 time
  - if other drugs, by 4.5 times

(Kofeod, 1991)

Prevalence of Concurrent Disorders

- 39.8 % of clients with chronic, severe psychiatric problems met criteria for substance use disorder (Toner et al, 1991)

- 65 % of addiction clients met criteria for at least one other psychiatric diagnosis in addition to the presenting addiction problem (Ross et al, 1988)

A VULNERABLE POPULATION

- Outcome of treatment for substance abuse is negatively affected by co-occurring mental disorders
- if not treated these people are at higher risk for:
  - suicide
  - family violence
  - HIV infection
  - incarceration
  - re-hospitalization
- costs to the individual, the family and society are extremely high

Prevalence & Marginalization

- Street youth
- Chronically homeless
- I/V drug users
- HIV+
- Dual diagnosis --> Triple diagnosis
- Forensic
- Personality disorders

3rd Principle

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What do we mean by "Concurrent Disorders

- At least one mental disorder as defined by DSM-IV

- Plus substance abuse or dependence as defined by DSM-IV

- Many combinations and variations, including multi-morbidity

  - across drugs

  - across mental disorders
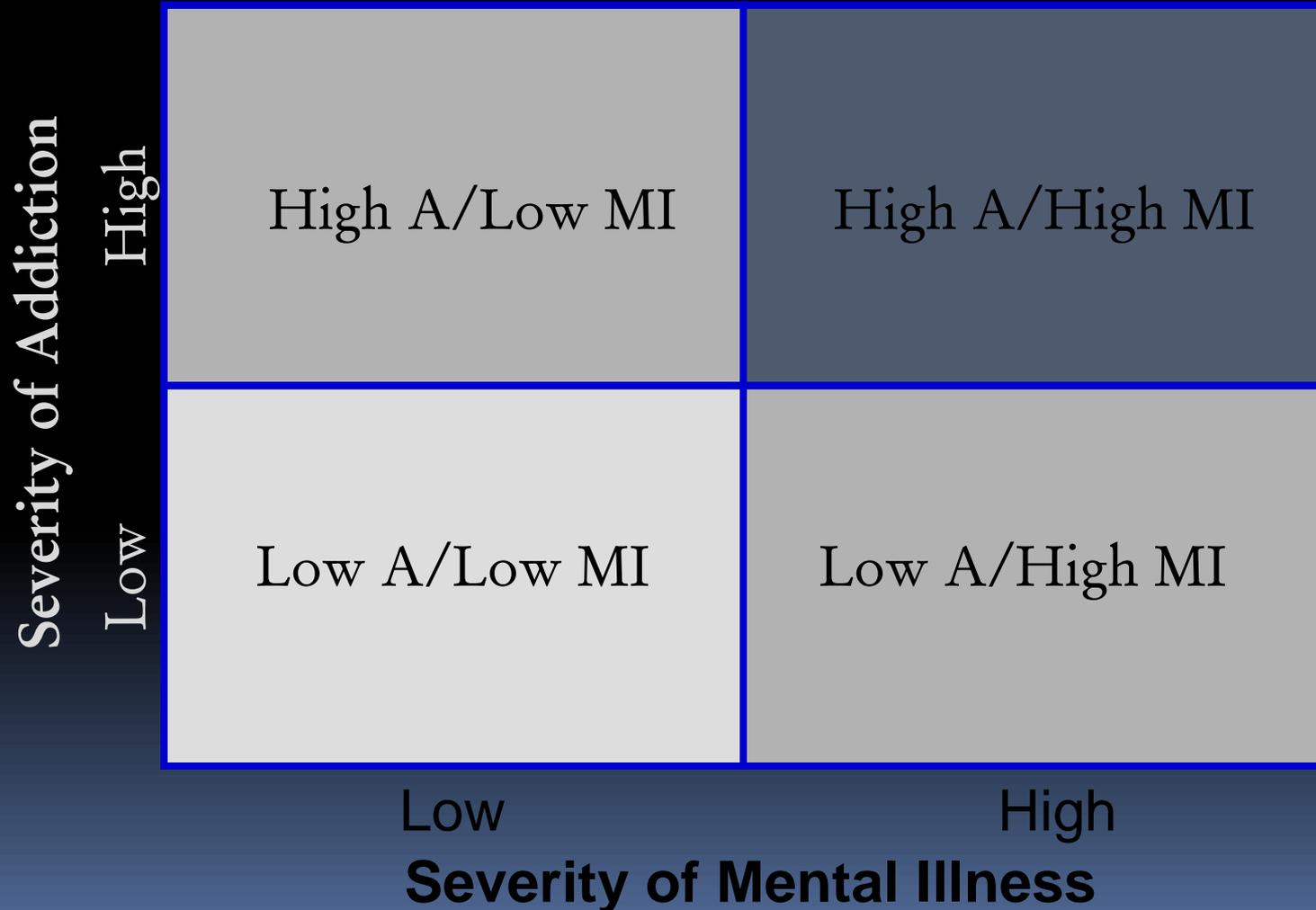
  - demographics/cultural groups

Do we include…

- Nicotine
- Gambling
- Process addictions
- Personality disorders

The Many Faces of Concurrent Disorders

- Depending on where you work, the profile of concurrent disorders will vary
- Working with severe persistent mental illness…
- Working with addiction populations
- CD and youth, older adults, forensic, criminal justice, domestic violence…
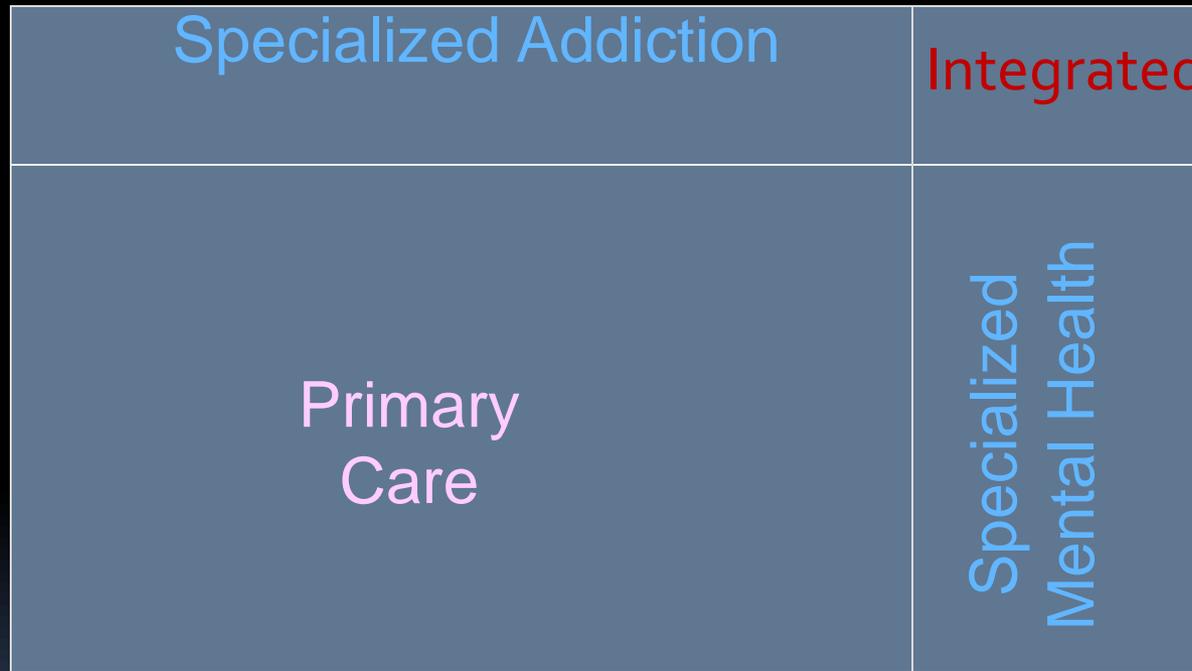
The Quadrant Model

	Low	High
High	High A/Low MI	High A/High MI
Low	Low A/Low MI	Low A/High MI

Severity of Addiction

Severity of Mental Illness

The Quadrant Model – A Population View

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Building Better Practices:

- Severe Mental Illness & Substance Use
- Mood Disorders & Substance Use
- Anxiety Disorders & Substance Use
- Personality Disorders & Substance Use
- Eating Disorders & Substance Use
- Other Psychiatric Disorders and Substance Use

Treatment

Co-occurring substance use *and...*

- Mood and anxiety disorders

- Severe and persistent mental illness

- Personality disorders

- Eating Disorders

Health Canada, 2002

Effective Elements
in Treatment and Support

- Both substance use and mental health problems can be chronic and recurring
- Some interventions might work well sequentially delivered; others might need to be offered at the same time
- Attend to client's basic needs, social functioning and psycho-social circumstances
- Tailor interventions to client's change stage level
- Mutual aid and peer support can play vital role
- Residential treatment is not inherently better

Health Canada, 2002

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Separate "systems"

"I've gotten help for each individual thing but to get help for, like at the same time, you fall between the cracks and if one of your disorders is worse than another and then one doctor thinks you're seeing somebody else, basically nobody's helping you, nobody follows up, you kind of disappear in there"

- Consumer, Health Canada Best Practices

System "misfits"

- The client doesn't fit the way the systems are set up
- The systems don't fit the ways clients are set up – i.e.: clients too often have complex needs and vulnerabilities
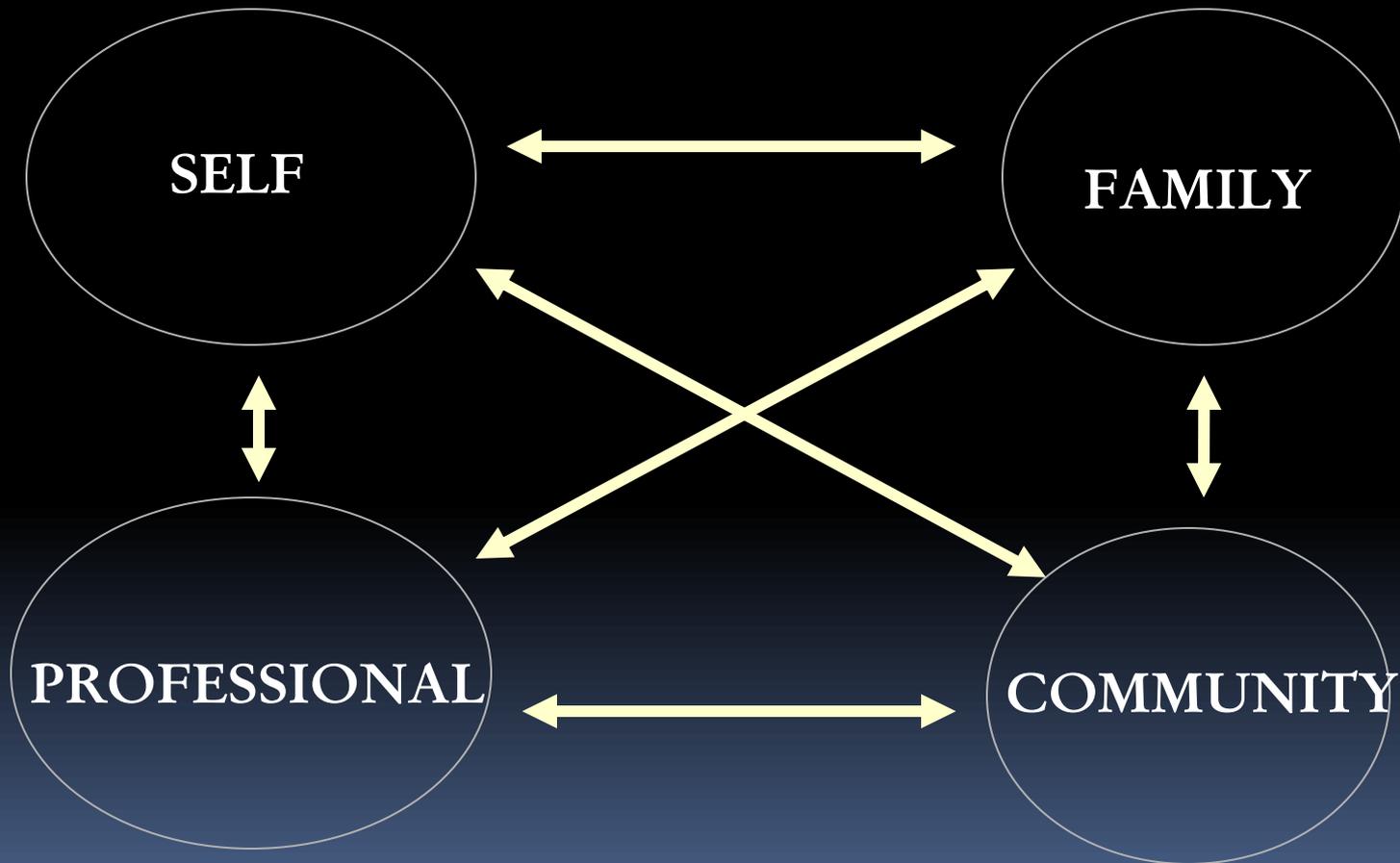
Stigma & Health Care System

You have to be active with the health care system when you're trying to get help for your family member ... *the dynamic is not that the system is serving you*. The dynamic is that you're getting what you need out of the system – and that takes effort. *Trying to deal with the mental health system or the addictions system for that matter ... can be just as frustrating as dealing with the problems your sick family member has all by yourself - and by that I mean just as soul-devouring and just as hope-destroying* ... because the health care system – well, you think of it as something that's going to help you. And when it doesn't, it's doubly devastating, right?
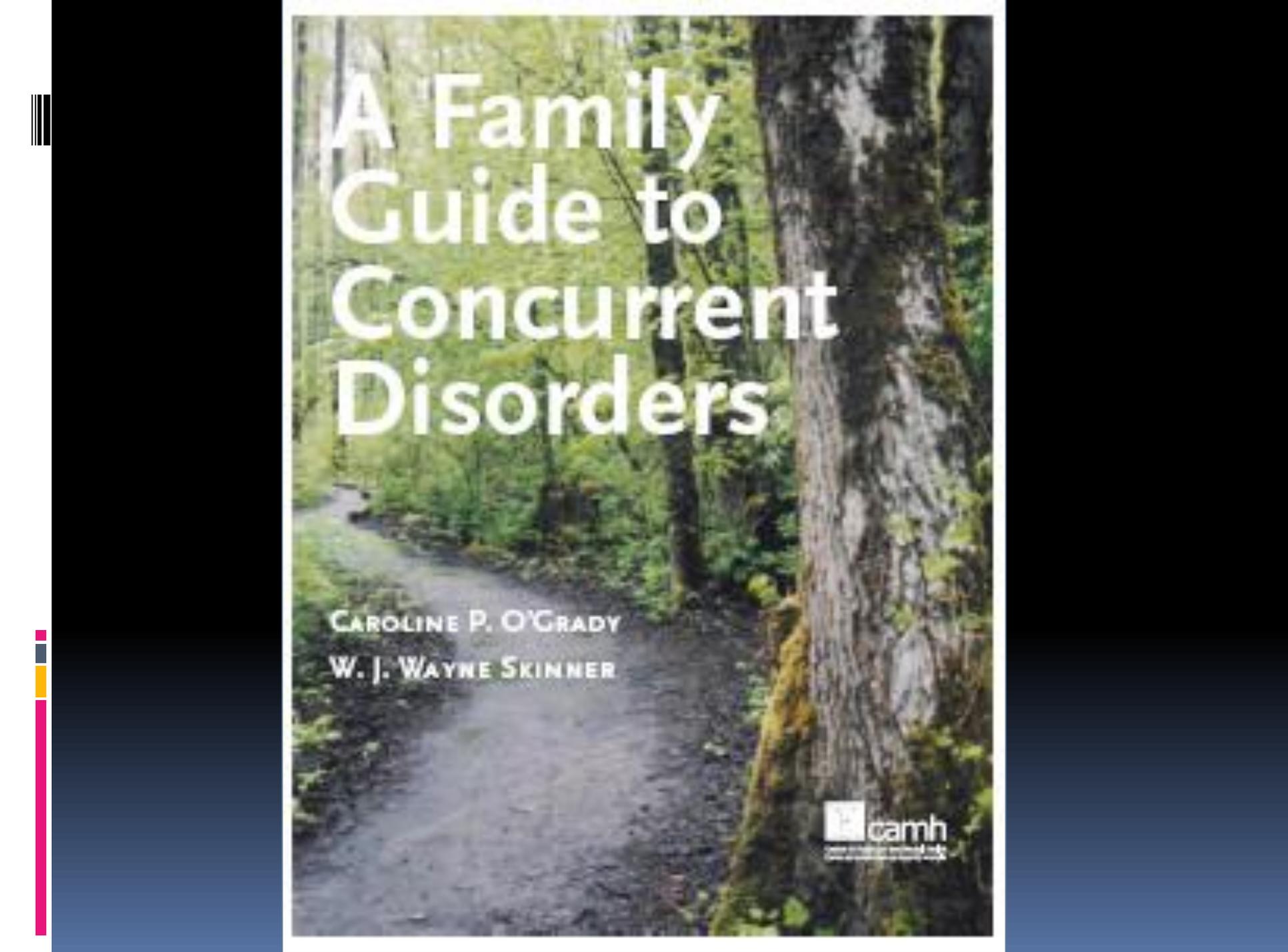
O'Grady & Skinner 2005

Stigma & Health Care System 2

You know, it feels like you've been let down by your grandma or something…. *The door has been shut in your face by someone you thought was kind and benevolent.* So, we have to be strong and knowledgeable … people have to become "system navigators" – *like a new profession that requires education and training*. You know, we have to be proactive and learn what to do, who to call, what kind of program is best and how to find the right spot in the system … and we have to develop negotiation skills and talk like we have knowledge. (Support Group)
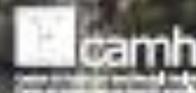
ROUGH
ROAD FOR
9 km

Care & Care-giving

Building Holistic Perspectives

Housing

Consumer Groups & Organizations

Family & Friends

PERSON

Income

Work

Addiction & Mental Health Services

Community Groups & Services

Education
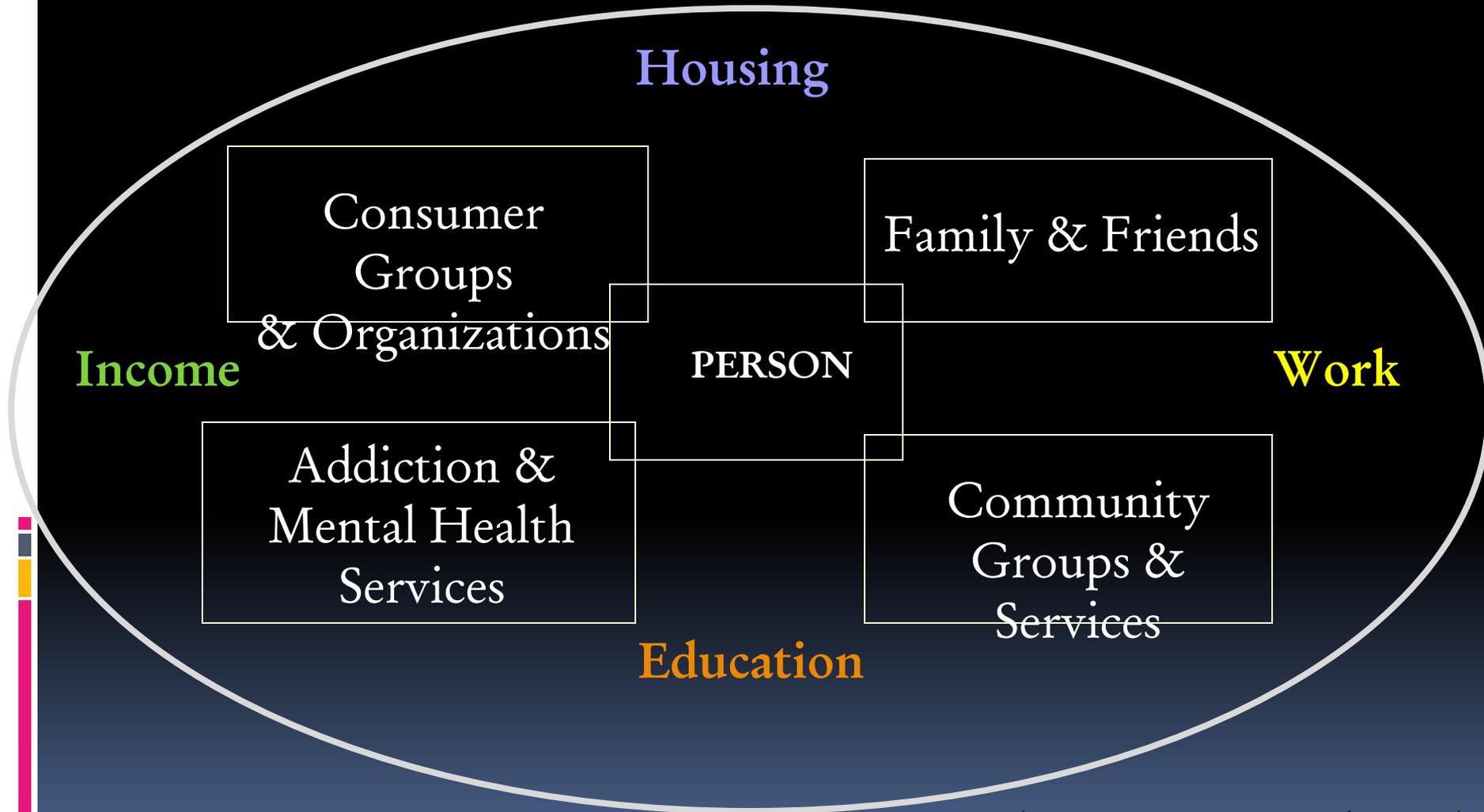
(From Trainor et al, 2000)

OUT OF THE SHADOWS AT LAST

Transforming Mental Health, Mental Illness
and Addiction Services in Canada

October 2008

A Systems Approach to Substance Use in Canada

RECOMMENDATIONS FOR A NATIONAL TREATMENT STRATEGY

NATIONAL TREATMENT STRATEGY WORKING GROUP

6th Principle

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  "because of…"

Learning
to
Embrace
Complexity

CD Capable
&
CD Specialized

The evidence base for better practices

- Convergent findings over a number of different trials conducted with methodological rigour provide the strongest base

- Most CD areas haven't been studied in that depth

- Most research in addictions or mental health excludes people with co-occurring conditions, in order to optimize internal validity

- This compromises the ecological validity of the evidence base, but we tend to extend findings anyway.

- We need to research and evaluate real world populations to develop "really useful knowledge"

"You know, we're just not reaching that guy."

Recovery

- Change as an ongoing process

- Professional knowledge and skill is one of several potentially vital components in the process of change

- Change is bigger than the therapies that assist it - it belongs to people, alone and especially together, as they struggle to emerge, develop and become whole

- Recovery goes beyond symptom relief and resolution to self-esteem, identity, and meaningful living

Principles of Recovery in Mental Health

- *Internal conditions* experienced by people who describe themselves as being in recovery - *hope, healing, empowerment, connection*

- *External conditions* that facilitate recovery - implementing human *rights* principles, creating a positive *culture* of healing, providing recovery-oriented *services*

- Internal & external conditions produce reciprocal effects that are *mutually enhancing*

  - Jacobson & Greenley (2001)

The Immediate Need: I SEE

- To *IDENTIFY*

     (→ screening)

- To *SUPPORT*

     (→ stigma-busting, person-centred, family-focused)

- To *ENGAGE*

     (→ assessment, referral, treatment, continuing care, outreach & follow-up)

- To *EVALUATE*

     (→ measure impact & outcome, identify key factors)

The Most Important Factor...

"**T**he most significant predictor of treatment success is an empathic, hopeful, continuous treatment relationship, in which integrated treatment and co-ordination of care can take place through multiple treatment episodes."

- Ken Minkoff

Thank you!

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