An Introduction to Mental Health, Substance Abuse and Co-Occurring Disorders

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Brief History of Psychiatric Treatment in US

- 1960's and on beginning of deinstitutionalization
  - Shift from inpatient to outpatient treatment
  - Economic and socio-cultural reasons
  - Pharmacological treatments
- Failure due to lack of adequate community mental health services
- Many now are homeless or in jail
- Many turned to use of alcohol and drugs

Recognition of the Problem of Mental Illness and Substance Use

- Dual diagnosis was initial term
- DSM III legitimized the use of multiple diagnoses to describe patients
- Term comorbidity was introduced to describe the presence of any additional coexisting disorder
- In the addiction field, co-occurring refers to a substance use disorder and one or more mental disorders including personality disorders, mental retardation and medical problems

Substance Dependence and Abuse
Scope of the problem*

- 2011, 22 million age 12 or older classified with dependence or abuse = 8% of population
- 14.1 million on alcohol alone
- 3.9 million on illicit drugs
- 2.6 million on both alcohol and illicit drugs
- Marijuana most commonly used illicit drug
- 6.1 million (2.4%) used prescription-type psychotherapeutic drugs non-medically of which 5.2 million used pain relievers

*2011 National Survey on Drug Use and Health (NSDUH) sponsored by SAMHSA, http://oas.samhsa.gov/NSDUHLatest.htm

Source of Prescription Drugs

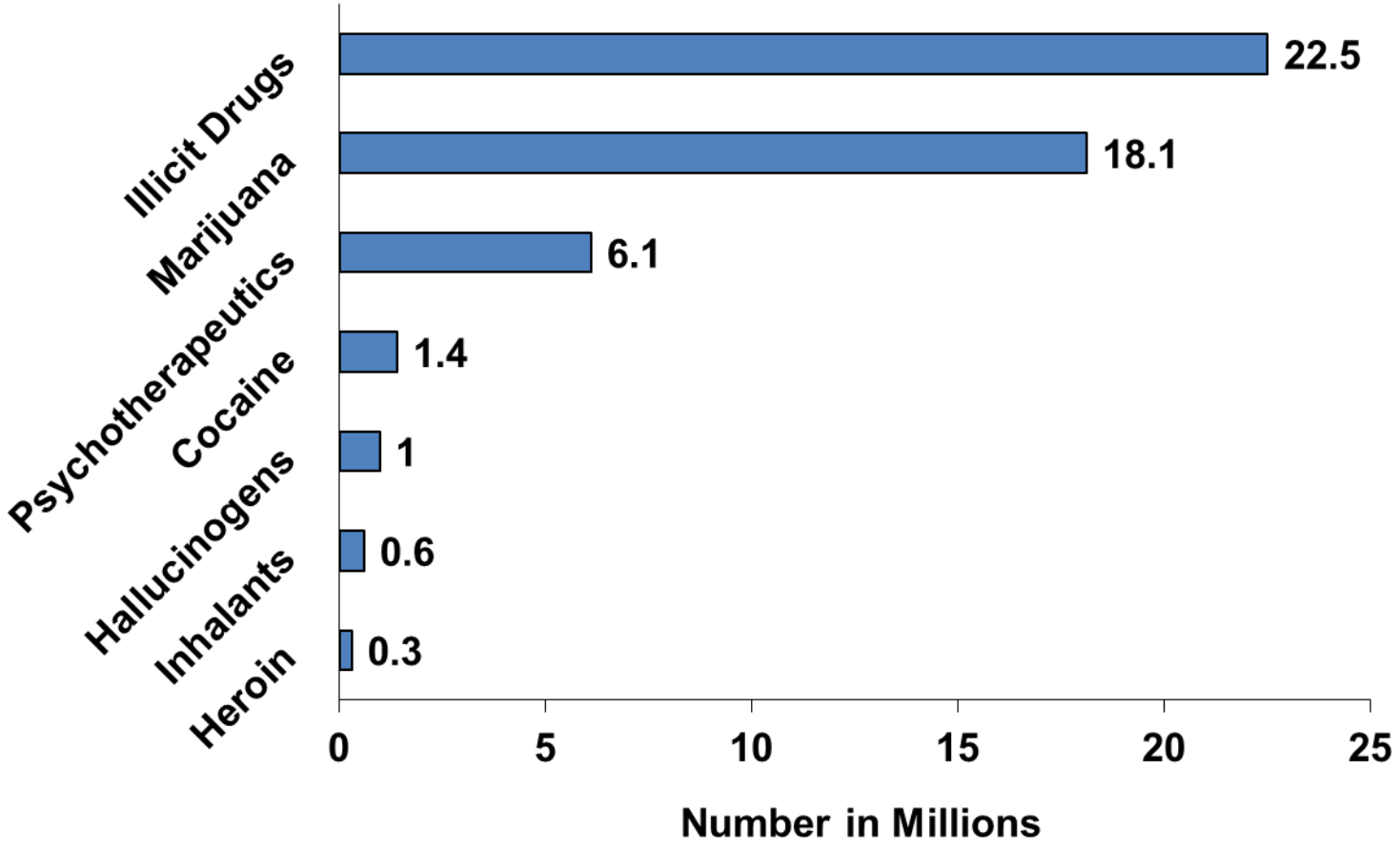
- Over half obtained the most recent drugs “from a friend or relative for free.”
- Most of these friends or relatives obtained them from one doctor
- 54.2% obtained pain relievers from friend or relative for free, 8.9% bought them from a friend or relative, 5.2% stole them from a friend or relative
- 18.1% got them from one doctor, 3.9% from a drug dealer or other stranger and 0.3% bought on the Internet

The Problem

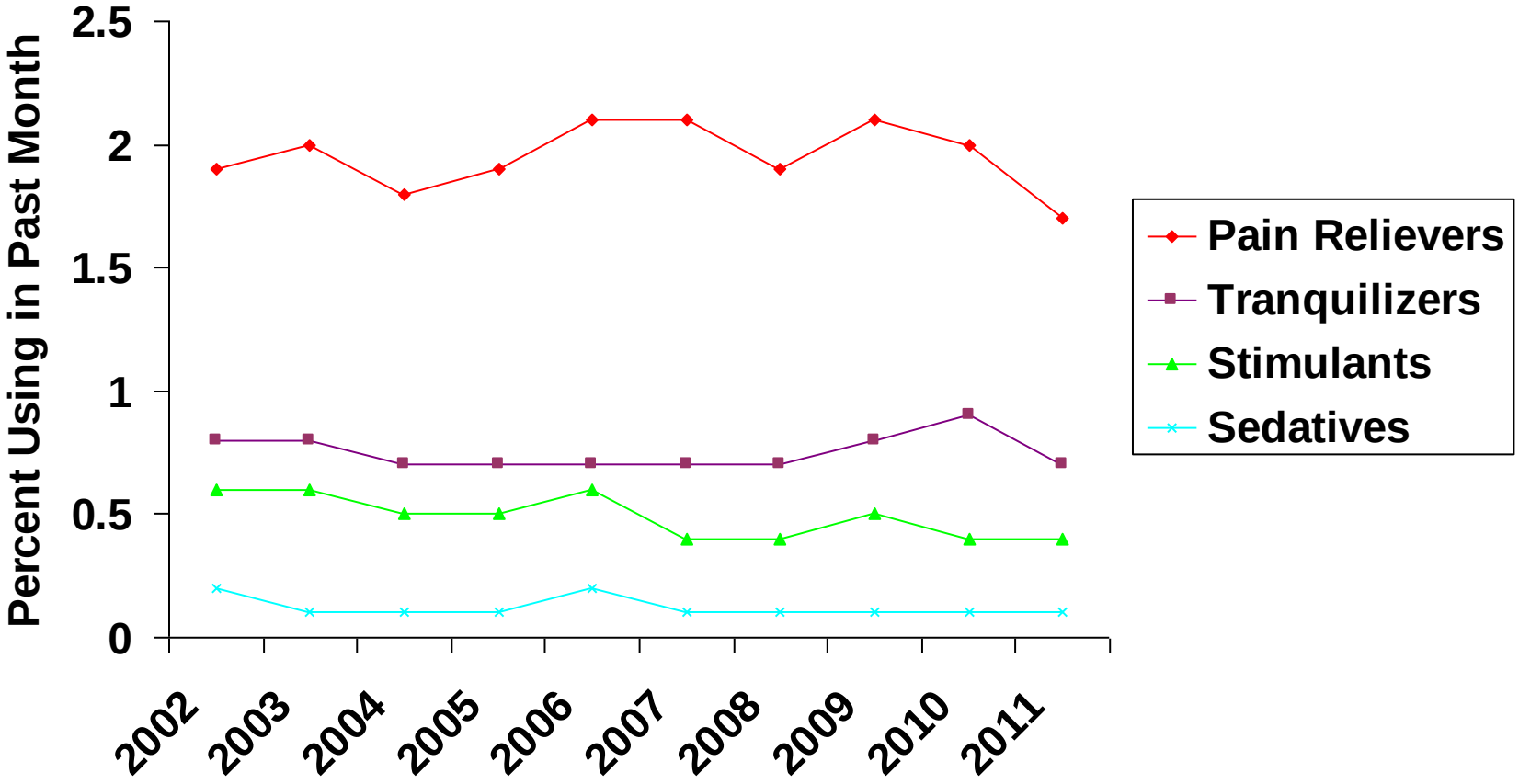
- Prescription opiates are very addictive
- Eventually the source dries up or is insufficient
- Leads to stealing, lying and doctor shopping
- Also leads to buying on the street
- Frequently the user learns heroin is cheaper and easily obtained

Past Month Illicit Drug Use

12 years or older



Past Month Non-Medical Use of Psychotherapeutic Drugs



Co-Occurring Disorders Epidemiology

- ECA study
  - Substance use disorder in 16.7% of population
  - 29% in patients with mental illness
  - Those with Drug use disorder, > 50% have mental illness
- Patients with SPMI (serious and persistent mental illness) and Substance Use disorder = about 8.4 million adults

Schizophrenia

- ECA study
  - 47% had lifetime history of a substance use disorder
  - 34% with alcohol use and 28% with drug use
- Mental health treatment settings
  - Substance use ranges 25% to 75%
- Use strongly associated with males and a history of conduct disorder
- Most common substances are nicotine, alcohol, cocaine, cannabis

Theoretical Models of Co-Occurring Disorders

- Self medication hypothesis – leads to a choice of substance to treat symptoms
- Supersensitivity model - mentally ill are more sensitive to the effects of substances and experience greater negative and psychosocial consequences
- Secondary psychopathology model - primary substance use is a risk factor to develop mental illness
- Bidirectional model – feed on each other

Diagnostic Issues

- Obstacles
  - Not routinely screened for in medical and mental health settings
  - Lack of training and skills
  - Negative attitudes toward treatment
  - Diagnostic confusion
  - Cognitive impairment leads to inaccurate histories

Treatment

- **Biological and pharmacological interventions**
  - **Treat withdrawal**
  - **Evaluate and refer for treatment of medical problems**
  - **Address nutritional needs**
  - **Consider medications to maintain abstinence**
  - **Treat mental illnesses with appropriate medications**
- **Psychosocial interventions**
  - **Assure compliance**
  - **Improve coping skills**
  - **Group support**
- **Disposition and placement planning**

Integrated Models of Care

- Integrated has usually referred to simultaneous treatment of all problems in one setting – considered the optimal
- Serial treatment in first one setting, generally substance abuse, then another setting such as a mental health clinic
- Parallel treatment with simultaneous treatment but in two or more settings

Integrated Models – What is Integrated

- Mixing meds with psychosocial interventions
- Combination of individual, couples, group and family therapy
- Integrating recovery, medical and rehabilitation models of care
- Integrating prevention and management of medical illness into treatment.

General Goals of Treatment

- **Safety and acute stabilization**
  - **Acute intoxication**
  - **Withdrawal**
  - **Psychiatric emergencies such as suicidal and homicidal ideation and behavior**
  - **Medical emergencies such as overdoses, infections**
- **Engagement**
  - **Form positive alliance**
  - **Motivational counseling**
  - **Manage negative countertransference**

General Goals of Treatment II

- **Active treatment**
  - **Promote a change in substance use – either reduction or abstinence**
  - **Treat medical and psychiatric comorbidities**
  - **Use multidisciplinary teams to provide integrated pharmacological and psychosocial treatments**
  - **Counseling services include individual, couples, families, group and peer-oriented**
  - **Individuals with serious and persistent mental illness (SPMI) will benefit from social skills training, intensive case management, assertive community outreach, liaison with the criminal justice system, money management and psychosocial rehabilitation**

General Goals of Treatment III

- Maintenance
  - Relapse prevention: cognitive-behavioral therapy approach
  - Attendance at 12 step programs
  - Contracts and toxicology screens
  - Substitution programs
    - **Methadone**
    - **Buprenorphine**
    - **Naltrexone – daily or monthly injection**
    - **Acamprosate**

Barriers to Integrated Treatment

- Lack of dually trained clinicians
- Competing treatment philosophies
- Different funding streams
- Poor reimbursement
- Lack of supportive and affordable housing
- Limited social services
- Few facilities
- Treatment silos

Psychological Barriers

- Shame and Secrecy
- Punitive Attitudes
- Limited education of both clinicians and the public
- Abstinence first demands
- Either / Or treatment
- Poor communication
- Confidentiality concerns

Treatment of Substance Abuse

- 2011, 3.8 million age 12 or older received some kind of treatment
- 2.1 million at self-help group
- 1.5 million at outpatient rehab
- 1 million at inpatient rehab
- 1 million at outpatient mental health center
- 871,000 inpatient hospital
- 700,000 at private doctor's office
- 574,000 at an ER
- 435,000 in a prison or jail

Not Treated in 2011

- Of 21.6 million needing treatment, 2.3 million or 10.8% received treatment
- 19.3 million or 7.5% of population 12 or older did not receive treatment at a specialty substance abuse facility
- Of the 19.3 million not receiving treatment, only 912,000 perceived a need for treatment
- Of those 912,000, 281,000 made an effort to get treatment and the other 631,000 made no effort

Why Not Treated but Perceived a Need

- 39.2% Not ready to stop using
- 32.3% no health insurance/could not afford
- 13.9% possible negative effect on job
- 12.3% concern about negative opinion by community/neighbors
- 9.9% didn’t know where to go for treatment
- 8.8% could handle on their own

Local resources

- Inpatient/Detox Programs
  - WestCare 383-4044
  - Montevista Hospital 364-1111
  - Seven Hills Behavioral Inst / Henderson 646-5000
  - Las Vegas Recovery Center 515-1374
- Outpatient
  - Community Counseling 369-8700
  - Bridge Associates 474-6450
  - WestCare 385-2020
  - Las Vegas Family Clinic 382-6262
  - Solutions Recovery, Inc. 228-8520
  - AA 598-1888
  - Montevista Intensive Outpatient 364-1111