

## Best Practices for Individuals with Co-Occurring Mental Illness and Substance Use Disorders

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## The call for change

- Prevalence rates are high
- Consumers, families, providers are frustrated by systemic barriers
- Associated morbidity and mortality is stunning
- Costs of ineffective care are enormous
- Effective interventions have been demonstrated

## PARALLELS: MENTAL ILLNESSES AND ADDICTIONS

### ALCOHOLISM/ADDICTION

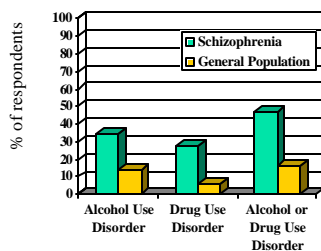
### MAJOR MENTAL ILLNESS

- A biological illness.	- A biological illness.
- Hereditary (in part).	- Hereditary (in part).
- Chronicity	- Chronicity
- Incurability	- Incurability
- Leads to lack of control of behavior and emotions	- Leads to lack of control of behavior and emotions
- Affects the whole family	- Affects the whole family
- Symptoms can be controlled with proper treatment	- Symptoms can be controlled with proper treatment
- Progression of the disease without treatment	- Progression of the disease without treatment
- Disease of denial	- Disease of denial
- Facing the disease can lead to depression and despair.	- Facing the disease can lead to depression and despair.
- Disease is often seen as a "moral issue," due to personal weakness rather than biological causes	- Disease is often seen as a "moral issue," due to personal weakness rather than biological causes
- Feelings of guilt and failure	- Feelings of guilt and failure
- Feelings of shame and stigma	- Feelings of shame and stigma
- Physical, mental, and spiritual disease	- Physical, mental, and spiritual disease

## Prevalence Data: General Population

- Epidemiologic Catchment Area Study
  - Presence of a mental disorder triples the risk of having a co-occurring substance use disorder
  - Presence of addictive disorder quadruples the risk of having a co-occurring mental disorder
- National Co-morbidity Study
  - 83.5% of time, mental disorder precedes the addictive disorder
- Over 10 million adults in U.S. meet criteria for co-occurring disorders over twelve months

## Prevalence of Co-Occurring Disorders-ECA Study

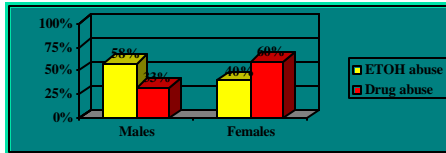


Regier et al., JAMA, 1990

## Prevalence Data: Site Bias

- Persons with co-occurring disorders seek help
  - National Longitudinal Alcohol Epidemiologic Survey (Grant, 1997)
    - DD 5x's more likely to seek services than singly diagnosed
  - National Comorbidity Survey (Kessler et al., 1996)
    - 19% alcohol dependent and 26% drug dependent in tx within 12 months
    - with co-occurring dx - 41% alcohol dependent and 63% drug dependent in tx
- Outpatient Public Mental Health Clinics
- Outpatient Drug and Alcohol Treatment
- Inpatient Settings
- Homeless Populations
- Jails and Prisons

## Prevalence of current substance abuse among jail detainees with serious mental disorders



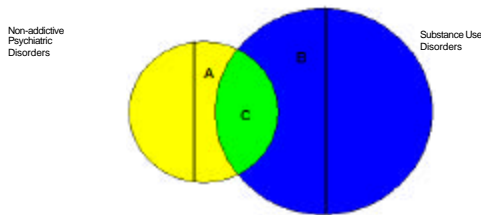
75% of detainees with serious mental disorders had either a drug or alcohol use disorder

## Relationships between Substances of Abuse and Mental Disorders

(Lehman et al., 1989)

1. Acute and chronic substance use can produce psychiatric symptoms
2. Substance withdrawal can cause psychiatric symptoms
3. Substance use can mask psychiatric symptoms
4. Psychiatric disorders can mimic symptoms associated with substance use
5. Acute and chronic substance use can exacerbate substance psychiatric disorders
6. Acute and chronic psychiatric disorders can exacerbate the recovery process from addictive disorders

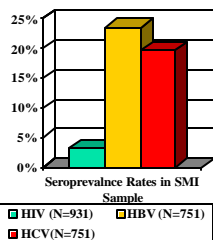
## Co-occurring Mental and Addictive Disorders



## Consequences of Co-occurring Disorders

- Increased vulnerability to relapse and rehospitalization
- More psychotic symptoms
- Inability to manage finances
- Housing instability and homelessness
- Noncompliance with medications and treatment
- Increased vulnerability to HIV infection and hepatitis

## Medical Complications of Co-Occurring Substance Use: HIV and Hepatitis B and C



- Persons with Substance Use Disorders had
- 2.95 (1.25-6.86) increased chance of having HIV
  - 1.74 (1.20-2.51) increased chance of having HBV
  - 2.42 (1.62-3.63) chance of having HCV

Rosenberg et al., A J Public Health, 2001

## Consequences of Co-occurring Disorders (cont.)

- Lower satisfaction with familial relationships
- Increased family burden
- Violence
- Incarceration
- Increased depression and suicidality
- Higher service utilization and costs

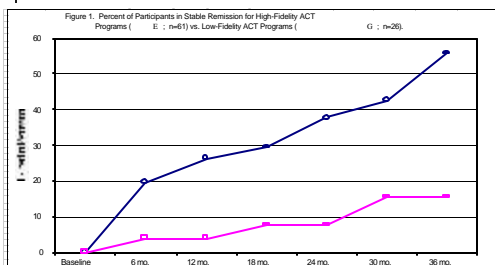
## Principles of care

1. Integrated treatment
2. Individualized treatment planning
3. Assertiveness
4. Close monitoring
5. Longitudinal perspective
6. Harm reduction
7. Stages of change
8. Stable living situation
9. Cultural competency and consumer centeredness
10. Optimism

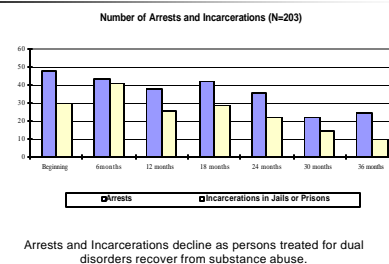
## Integrated treatment

- Traditional models of treatment for dual disorders results in poor outcomes
  - no treatment -- high utilization of E.R., jails, hospitals
  - sequential treatment
  - parallel treatment -- burden of integration on individual
  - Fragmentation
- Integrated treatment associated with better outcomes

## FIDELITY TO DUAL DIAGNOSIS PRINCIPLES



## NH Dual Diagnosis Study (1989-1994)



## 2. Individualized Treatment Planning

- A collaborative process of working with a client and his family or support system to specify personal goals and the means by which treatment can help a client reach those goals.

## 2. Individualized treatment planning

- Treatment planning is derived from a comprehensive assessment
- Accurate assessment is difficult to do:
  - poor clinician assessment skills
  - lack of standardized instruments
  - inaccuracy of self-report

## 2. Individualized Treatment Planning - steps

- 1. Evaluate pressing needs
- 2. Determine motivation to address substance use/mental health problems
- 3. Select target behaviors for change
- 4. Determine interventions to achieve desired goals
- 5. Choose measures to evaluate the intervention
- 6. Select follow-up times to review the plan.

## 3. Assertiveness

- Responsibility of systems to support outreach and engagement services
- Successful interventions:
  - "go wherever the client is"
  - work with family, landlords and employers
- Assertive Community Treatment (ACT)

## 4. Close monitoring

- Intensive supervision needed until stable
- Sometimes coercive, always persuasive
  - representative payeeship
  - mandatory substance abuse treatment
  - urine testing
- Often used as an extension of court sanctions

## 5. Longitudinal perspective

- Mental health, substance use disorders, and disease are chronic, relapsing conditions
- Treatment occurs continuously over years
- Progress measured over time

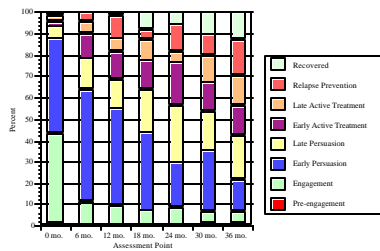
## 6. Harm reduction strategies

- Assume:
  - continuum from abstinence → problematic use → abuse/dependence
  - reducing quantity/frequency of use decreases likelihood of negative consequences
- Provide alternatives to traditional abstinence only philosophies
- More likely to engage those who don't yet have abstinence as a goal

## 7. Stages of change

- *Engagement* - connecting people to treatment
- *Persuasion* - convincing engaged clients to accept treatment
- *Active treatment* - range of behavioral, psychoeducational and medical interventions
- *Relapse prevention* - prevention and management of relapses

## COURSE OF ATTAINING STABLE REMISSION



## 8. Stable living situation

- Not having a home makes assessment difficult and protracted
- Range of safe, affordable housing options are necessary
  - safe havens or low demand residences for engagement and persuasion
  - alcohol and drug free housing during active treatment and relapse prevention
- Separate assessment and treatment from housing
- Flexibility and tolerance required to retain people in housing

## 9. Cultural competency and consumer centeredness

- Seek to understand - don't assume a shared set of values or impose one's own
- Respect cultural differences
- Value the consumer's point of view

## 10. Optimism

- Critical ingredient for recovery
- Hope as an antidote to despair
  - Must have courage to connect with the reality of despair
  - Share belief that because the problems are severe, the person deserves help
  - Create a vision of what a hopeful outcome might be
- Peer supervision and training to bolster staff optimism

## Hopeful Direction

1. Evidence-Based Practice Initiative
2. Federal Leadership
  - Dual Diagnosis as a SAMHSA priority
  - Report to Congress
  - Treatment Improvement Protocols
  - COSIG grant program
3. This video-conference

"The mark of a great society is the extent to which it serves the most disabled"

-Hubert Humphrey