Concurrent Disorders

An Introductory Learning Module for Post Secondary Institutions
Overall Learning Objectives

You will:

• Be able to define a concurrent disorder (CD)
• Understand the importance of addressing CD
• Examine your own attitudes and values
• Have a basic knowledge of treatment considerations
• Appreciate the importance of the therapeutic relationship
Topics in this Module

PART I: OVERVIEW of MENTAL HEALTH & SUBSTANCE USE DISORDERS
-Mental Health Disorders (MHD) and Substance Use Disorders (SUD)

PART II: OVERVIEW of CONCURRENT DISORDERS
-What is CD? - Prevalence
-Attitudes & Values - Stigma

PART III: SCREENING
-Why screen for substance use/for mental health/for CD
-Asking a few direct questions

PART IV: ASSESSMENT & TREATMENT CONSIDERATIONS
-Assessment and Treatment Planning - What Works
-Diagnostic Assessment - Themes for Success
-Desired Treatment Outcomes - Your community
At the end of part I, you will be able to:
- define mental health disorders
- define substance use disorders
- understand the continuum of severity of substance use
Mental Health Disorders (MHD)

- a disturbance in thoughts and emotions that decreases a person’s capacity to cope with the challenges of everyday life.

- Examples include: mood disorders, anxiety disorders, psychotic disorders, personality disorders, eating disorders.
Substance Use Disorder (SUD)

“Diagnostic term that refers to a habitual pattern of alcohol or illicit drug use that results in significant problems related to aspects of life such as work, relationships, physical health, financial well-being, etc.”


Substances used may include alcohol, non-medical use of prescription drugs, illegal drugs, solvents
Continuum of Severity of Substance Use

USE

MISUSE

ABUSE

DEPENDENCE

DSM IV
Concurrent Disorders
An Introductory Learning Module for Post Secondary Institutions

PART II: OVERVIEW of CONCURRENT DISORDERS

At the end of part II, you will be able to:
- describe concurrent disorders
- understand the prevalence, effects of and stigma relating to concurrent disorders
What is a Concurrent Disorder (CD)?

Any combination of:

- mental health disorders (MHD)
- substance use disorders (SUD)

= concurrent disorder (CD)
Prevalence of Concurrent Disorders in the Community

• 19% of people in the general population of Ontario between ages 15-54 met criteria for CD in the last year (Offord et al., 1996)

• about 55% of people who experienced an alcohol use disorder at some point in their lives also had a MHD (Ross, 1995)
# Lifetime Prevalence of SUD for Each MHD

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Bipolar Disorder</td>
<td>56%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>47%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>27%</td>
</tr>
<tr>
<td>Any Anxiety Disorder</td>
<td>24%</td>
</tr>
<tr>
<td>PTSD</td>
<td>30-75%</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>23%</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>23-55%*</td>
</tr>
</tbody>
</table>
Why are Concurrent Disorders Important?

• Poorer treatment outcomes than if person has either a mental health disorder or a substance use disorder

• Concurrent disorders affect many areas of a person’s life

• People living with concurrent disorders are common in every treatment setting – they are the expectation not the exception.
People with co-occurring disorders are **people first**…

**What It Feels Like For the Person Who Needs Help**…
There are enormous costs to the individual, families, and society of not treating CD effectively. Each of us needs to be part of the solution.
Attitudes

How we feel about people with CD influences how we work with them.

We can be helpful in engaging people or our views can act as barriers.
“Who Wears the Label?”

Famous people with mental health and/or substance use problems

- Ludwig van Beethoven
- Robert Downey, Jr.
- Nicolas Cage
- John Nash
- Howard Hughes
- Winston Churchill
- Ted Turner
- Oprah Winfrey
- Elizabeth Manley
- Patty Duke Astin
- Vincent Van Gogh
- Ernest Hemingway
- Emily Carr
- Judy Garland
- Mathew Perry
Stigma

The stigma attached to mental illness and to addiction represents one of the most common and serious barriers for people

The stigma attached to concurrent disorders is compounded.

1+1= 3,4,5…
Why Does Stigma Occur?

(1) Fear

(2) Myths about the disorder
   • depression seen as a character flaw
   • persons who use substances are manipulative, unmotivated and using out of weakness

(3) Society’s attitudes

(4) Media
How to Combat Stigma:

(1) Reflect on your attitudes, values & beliefs

(2) Promote understanding, tolerance and support

(3) Dispel myths
PART III: SCREENING

At the end of part III, you will be able to:
- explain the importance of screening
- know what questions to ask to identify possible substance use or mental health problems
Why Screen?

The function of ‘screening’ is to raise ‘red flags’ for more detailed assessment and treatment/support planning.
**Brief Screening-Asking a Few Direct Questions:**

**Screening for mental health:**
- Have you ever been given a mental health diagnosis by a qualified health professional?
- Have you ever been hospitalized?
- Have you ever harmed yourself or thought about harming yourself but not as a direct result of alcohol or drug use?

**Screening for substance use:**
- Have you ever had any problems related to your use of alcohol or other drugs?
- Has a relative, friend, doctor or other health worker been concerned about your drinking or other drug use, or suggested cutting down?
- Have you ever said to another person, “No, I don’t have an alcohol or drug problem, when around the same time, you questioned yourself and FELT, “Maybe I DO have a problem?”

*A “yes” response to any of these warrants further investigation.*
Part IV: ASSESSMENT and TREATMENT CONSIDERATIONS

At the end of part IV, you will be able to:
- describe the purposes of assessment
- identify who can perform detailed assessment
- list factors that influence success
- describe the primary treatment outcome goals
- identify community services or resources

Concurrent Disorders
An Introductory Learning Module for Post Secondary Institutions
Assessment and Treatment Planning

As the service provider moves from screening to assessment, the tools used to gain more in-depth information become more complex and assist in treatment planning.
Diagnostic Assessment

Who can Diagnose?
- Psychiatrist
- General practitioner
- Registered psychologist

If person has screened positive for mental health problems, a referral must be made to a medical professional for further assessment and possibly a diagnosis.

There are three factors that increase the likelihood that there is a “true” MHD:
- Abstinent intervals
- Family history
- Order of onset
**Desired Treatment Outcomes:**

Signs of progress may include:

- Reduction/abstinence in substance use
- Reduction/elimination of mental health symptoms
- Use of adaptive strategies (rather than substances) as an alternative to deal with negative emotions
- Increase in self-care behavior, independent living, self-esteem, self-efficacy, and level of functioning
- Enhanced relationships (family, friends)
Themes for Success

“The 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
“What Works” in Therapy: Making Sense of 40 Years of Outcome Data
Who Provides Concurrent Disorders Services in your Community?

Identify the resources within your community that offer services to people with a Concurrent Disorder
Key Points to Take Away

- Know that CD can be any combination of mental health and substance use disorders
- Expect to work with CD since it exists in virtually every clinical setting
- Understand the importance of working with CD
- Know your own attitudes and values
- Understand the effects of stigma
- Know what questions to ask to screen for CD
- Know when and where to refer for assessment and treatment
- Maintain the therapeutic relationship with the person
Recommended Resources

• [http://www.camh.net/about_addiction_mental_health/concurrent_disorders.html](http://www.camh.net/about_addiction_mental_health/concurrent_disorders.html)


• CAMH McLaughlin Information Centre: a toll-free, province-wide information service re: addiction and mental health issues: 1-800-463-6273 (ON) or (416) 595-6111 (GTA)

• Addiction Clinical Consultation Service: 1-800-720-2227

• ConnexOntario provides information about alcohol and other drugs, gambling, and mental health services in Ontario [www.connexontario.ca](http://www.connexontario.ca)