

Introduction to concurrent disorders



Outline

- How common are concurrent disorders?
- The relationship between substance use and mental health problems
- The impact of concurrent disorders
- An introduction to treatment

Introduction to Concurrent Disorders

We were just like any other family with teenagers, except that while our daughter was a real extrovert—she had so many friends, did well in school, never caused us any problems—you know, the kind of kid who can do no wrong . . . our son was so different, the complete opposite. He had friends growing up, but then it seemed like, out of the blue, he didn't want to be around anyone, including his own family. He just got so isolated, you know? He was always a quiet kid, but this was different. When my husband caught him smoking marijuana, and then found bottles of alcohol in his closet, it suddenly all started making sense . . . booze and drugs were causing him to crawl into his own little world and withdraw from other people. To tell you the truth, we were actually relieved to find out about his drug problem—we had a plan, you know? We could do something concrete to help him, like put him in rehab for teens. The real nightmare started when he wouldn't even go out of the house to see our family doctor. Even when we made sure he wasn't smoking pot or drinking, he still got worse! It was another two years before we found out that he had a mental illness as well as a drug problem. We had never heard of concurrent disorders before then.

The term concurrent disorders describes a situation where someone has both a substance use problem and a mental health problem at some point in their lifetime. It could be in the past. (Has your family member ever had a mental health problem? Has your family member ever had a substance use problem?) Or it could be a current problem. (Does your family member currently have both a mental health problem and a substance use problem?)

Many families share similar experiences to those of the family whose story is introduced this chapter. Substance use and mental health problems can lead to symptoms and behaviours that look very similar, so family members and treatment professionals often find it difficult to determine whether the behaviour they are looking at is due to a substance use problem or a mental health problem—or both. This chapter is an introduction to concurrent disorders:

- how substance use and mental health problems interact
- the impact of concurrent disorders on the family
- how concurrent disorders are detected and treated.

HOW COMMON ARE CONCURRENT DISORDERS?

Having either a substance use or a mental health problem significantly increases the likelihood of having the other. The results of the Epidemiologic Catchment Area Study (Regier et al., 1990) indicate that a person who has a mental health disorder is almost three times more likely to have a substance use disorder at some time in his or her life than is a person who does not have a mental health disorder. A person who has a substance

(other than alcohol) use disorder is about 4.5 times more likely to have a mental health disorder at some point in his or her life than a person who does not have a substance use disorder.

The prevalence of combinations of substance use and mental health disorders varies depending on the disorder:

- Among people who have had an anxiety disorder in their lifetime, 24 per cent will have a substance use disorder in their lifetime.
- Among people who have had major depression in their lifetime, 27 per cent will have a substance use disorder in their lifetime.
- Among people who have had bipolar disorder in their lifetime, 56 per cent will have a substance use disorder in their lifetime. This is more than three times the average rate.
- Among people who have had schizophrenia in their lifetime, 47 per cent will have a substance use disorder in their lifetime. This is nearly three times the average rate.

People who work in substance use agencies should assume that someone who comes for help with a substance use problem might also have a mental health problem, until they have information that indicates that this is not the case. Similarly, mental health workers should assume that clients might also have a substance use problem, until they have information that rules out this possibility.

Understanding the terminology

People often have substance use and mental health problems that have a significant impact on their daily lives, but are not severe enough or do not last long enough to meet the criteria for a diagnosis of any disorder. So, we will usually use the broader term “mental health and substance use problems,” unless we are talking about a specific DSM IV-based (*Diagnostic and Statistical Manual of Mental Disorders, 4th ed.*) diagnosis of a disorder.

These are terms you will probably hear used in some parts of the substance use and mental health systems.

Mental disorders

Mental disorders (including substance use disorders) are health conditions that are characterized by changes in thinking, mood or behaviour (or some combination of the three) associated with distress and/or impaired functioning (American Psychiatric Association, 1994).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is used in North America to diagnose mental health disorders. The fourth and most recent edition, the DSM-IV, organizes mental disorders into 16 major diagnostic classes—for example, mood disorders and substance-related disorders. Within these diagnostic

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classes, disorders are further broken down—for example, depressive disorders and bipolar disorders are included in the mood disorders class. For each disorder, the DSM-IV lists specific criteria for making a diagnosis.

While we will use the terms co-occurring problems and concurrent disorders in this manual, there are other terms that you may have heard:

Dual diagnosis is often used in the United States. It implies that a person has just two problems. However, evidence suggests that there may well be more. In Ontario, this term is used to refer to people with serious developmental delay and severe, persistent mental illness.

Co-occurring disorders (COD) is another way of describing a situation where someone has one or more mental health disorders and one or more substance use disorders.

THE RELATIONSHIP BETWEEN SUBSTANCE USE AND MENTAL HEALTH PROBLEMS

Do the substance use behaviours cause psychiatric symptoms? Do the mental health issues lead people to use substances to relieve troubled mental states? The relationship is usually much more complicated than simple cause and effect. Researchers have suggested four types of interaction:

- substance use and mental health problems may be triggered by the same factor
- mental health problems may influence the development of substance use problems
- substance use problems may influence the development of mental health problems
- substance use and mental health problems may not interact.

The way substance use and mental health problems interact is specific to the person, the mental health problem and the substance being used, and may change over time.

SUBSTANCE USE AND MENTAL HEALTH PROBLEMS MAY BE TRIGGERED BY THE SAME FACTOR

Both substance use and mental health problems could be caused by a common factor, that could be genetic, developmental or environmental. For example, traumatic events (an environmental factor) can lead to both mental health and substance use problems.

MENTAL HEALTH PROBLEMS MAY INFLUENCE THE DEVELOPMENT OF SUBSTANCE USE PROBLEMS

Severe mental health problems, such as schizophrenia or bipolar disorder, may leave people more vulnerable to developing substance use problems; they tend to develop substance use problems with lower amounts of alcohol or other drug use than people who don't have mental health problems.

People may use substances in the hope of relieving the symptoms of mental health problems. For example, someone with an anxiety disorder may use alcohol to feel more at ease in social situations. This is called self-medication.

SUBSTANCE USE PROBLEMS MAY INFLUENCE THE DEVELOPMENT OF MENTAL HEALTH PROBLEMS

Substance use can induce psychiatric symptoms. For example, a person using significant amounts of cocaine could become paranoid to the point of being psychotic.

Substance use can not only induce psychiatric symptoms, but can also lead to psychosocial problems that may in turn lead to mental health problems. Severe paranoia could lead to psychosocial problems such as trouble in family relationships, trouble at work and trouble with the law. These problems could lead to a mental health problem such as depression.

SUBSTANCE USE AND MENTAL HEALTH PROBLEMS MAY NOT INTERACT

Sometimes, both mental health and substance use problems are present, but do not interact, so that even when one problem area is addressed, the other problem area is still active.

For some people, getting substance use under control will produce immediate positive changes in mental health symptoms. For others, it can mean that their mental health symptoms become more active. Understanding the relationship between the substance use and mental health problems is key to working successfully with people to choose treatment strategies and anticipate outcomes.

THE IMPACT OF CONCURRENT DISORDERS

Co-occurring substance use and mental health problems affect people differently, and depend on factors such as the combination and severity of the problems. For example,

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people with severe mental illness who also have substance use problems tend to experience a wide range of serious problems. Common issues include:

- more severe psychiatric symptoms, such as depression and hallucinations
- more dramatic effects after using substances, including more blackouts
- a greater chance of not following treatment plans
- physical health problems
- increased experiences of stigma
- financial problems
- housing instability and homelessness
- poorer management of personal affairs
- serious relationship problems with family members
- more verbal hostility, tendency to argue, disruptive behaviour, aggression
- violence or crises that may end up involving the police
- a greater likelihood of ending up in jail
- increased suicidal feelings and behaviours.

IMPACT ON THE FAMILY

Having concurrent disorders obviously affects the person experiencing the disorders directly, but they also have powerful effects on family members and friends. As problems become more complex, family members are often confused about which problems are causes, and which are results. They are often puzzled and frustrated if their relative continues to use alcohol or other drugs when the consequences are so severe. We discuss the impact on the family in Chapter 4 and talk about coping strategies in Chapter 5.

AN INTRODUCTION TO TREATMENT

Detecting substance use and mental health problems

Because of the overlap of symptoms between mental health and substance use disorders, it is often difficult to make a firm diagnosis in the early stages of treatment. For example, symptoms resulting from intoxication and withdrawal can look a lot like symptoms of mood and anxiety disorders. A period of stopping, or cutting down on, substance use is often necessary before therapists can say whether a client has a substance use problem or a mental health problem — or both.

The best way to tell the difference between the symptoms caused by substance-related and other mental health problems is to observe the person when no substances are being used. However, experts don't agree on how long the person needs to stop using substances before a separate problem can be identified. Usually, the required period of abstinence depends on the substances being used and the suspected mental health problem. For example, drugs that stay in the body for a long time (e.g., long-acting ben-

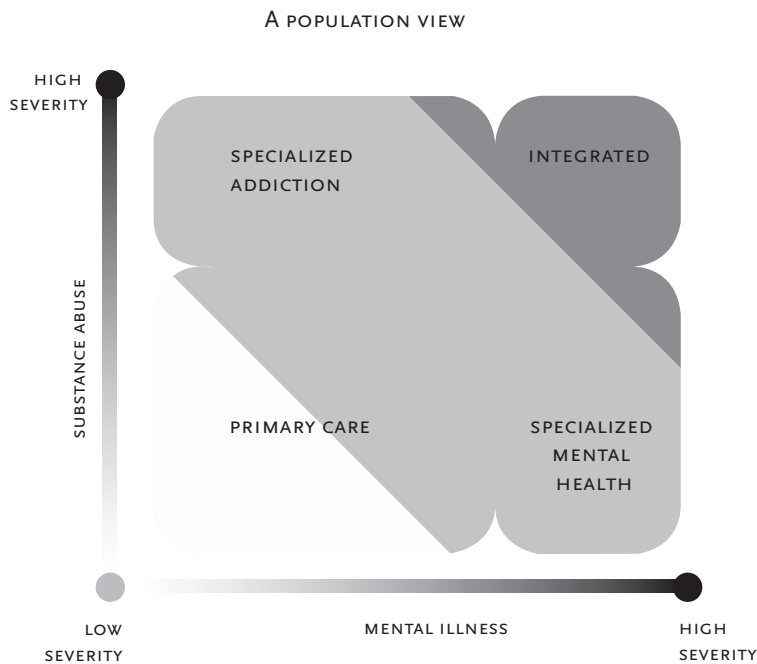
zodiazepines) may need many weeks of abstinence for withdrawal symptoms to taper off so that an accurate diagnosis can be made. For drugs that stay in the body for a shorter period of time (e.g., alcohol, cocaine), both the intoxication and the withdrawal stages will likely be briefer. In this case, it may be possible to make a firm diagnosis with shorter periods of abstinence.

Where do people find treatment?

Substance use services range from withdrawal management services, through community-based assessment and treatment, to short- and long-term residential resources. Mental health services include psychiatric emergency rooms, outpatient mental health clinics, acute-stay hospital beds, extended residential care and assertive community outreach teams for people who previously could only be supported in institutions. Many people get treatment for substance use and mental health problems from family doctors or other primary care services.

A framework (developed in the United States) illustrates where people are most likely to look for treatment. People may move back and forth among the quadrants at various stages of recovery from substance use and mental health problems.

Figure 1-1: The Quadrant Framework



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The quadrant framework suggests that where a person has:

- **both substance use and mental health problems of low to moderate severity**, primary health care (e.g., family doctors) and community health resources are the core resources to draw on
- **a substance use problem of high severity, with a mental health problem of mild to moderate severity**, specialized substance use services are the lead resources, with mental health services providing collaborative care
- **a mental health problem of high severity, with a substance use problem of mild to moderate severity**, specialized mental health services are the lead resources, with substance use services providing collaborative care
- **both substance use and mental health problems of high severity**, strong evidence suggests that integrated care by a single, multidisciplinary team is the most effective way to provide continuing care and support.

CO-ORDINATED CARE

In the past, mental health and substance use services have not been well connected. They have tended to concentrate on one set of problems and view the other as a secondary problem that will clear up once the core problem is addressed. However, we know that if one of the co-occurring problems is not addressed, both problems usually get worse, and additional complications often arise.

Most communities have resources that could provide collaborative programming. In some cases, this already happens. In others, services in both systems need to work together more effectively to provide client-centred care for people with complex needs. We discuss strategies for navigating the treatment system in Chapter 7.

Treatment principles

When care for substance use and mental health problems is more co-ordinated and integrated, people do better. Concurrent disorder treatment initiatives focus on improved screening and assessment, more specialized programming, and co-ordination (by one person, or a treatment team) of substance use and mental health treatment. Five principles guide how to care for people with co-occurring problems:

1. People with co-occurring disorders are people *first*. Too often, these individuals pay too high a price for co-occurring disorders (SAMHSA, 2003).
2. Co-occurring problems are under-identified but common.
3. Co-occurring problems are complex but understandable.
4. Co-occurring problems are challenging but responsive to care.
5. Co-occurring problems require responses that go beyond separate addiction and mental health treatment.

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People who have co-occurring substance use and mental health problems are some of the most vulnerable people in our society and in our health care system. Evidence suggests that if we address their problems in more co-ordinated and collaborative ways, they are more likely to reduce their substance use and improve their mental functioning. For many people, this is a long, complex process. Often family members are the most constant companions in the journey to recovery. At points in the journey, the family may be called on to be advocate, support person and sometimes case manager. In the rest of the guide we offer tools and strategies to help you do this.

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