Co-Occurring Disorders:
Substance Use Disorders and Mental Health

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Highlights

• Substance use disorders most common co-morbid disorder for adults with mental illness
• Dual Diagnosis is misleading
• Data
• High rate of negative outcomes
• Difficulty navigating multiple systems
• Importance of integrated care
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• Substance-Related and Addictive Disorders
Substance-Use Disorders

• 11 total criteria:
  – Tolerance
  – Withdrawal
  – Taken in larger amounts or over longer period than intended
  – Persistent desire or unsuccessful attempts to cut down or stop
  – Lot of time spent using or recovering from substance
  – Important activities given up or reduced because of use
  – Use continued despite knowledge of harm
  – Failure to fulfill major role obligations due to use
  – Recurrent use in situations in which it is physically hazardous
  – Craving
  – Use despite social problems
Disease of Addiction

• Continuum with specific symptoms and behaviors associated with the progression of the disease.

• Parts of the continuum as it relates to substance use
  – Non-Use
  – Use
  – Abuse
  – Dependence
Disease of Addiction

- *Obsessed* (constantly thinks of) the object, activity, or substance.
- They will seek it out, or *engage in the behavior even though it is causing harm*.
- The person will *compulsively engage* in the activity, that is, do the activity over and over even if he/she does not want to and find it difficult to stop.
- Upon cessation of the activity, *withdrawal* symptoms often occur. These can include irritability, craving, restlessness or depression.
- The person does not appear to have control as to when, how long, or how much he or she will continue the behavior.
- He/she often *denies problems* resulting from his/her engagement in the behavior, even though others can see the negative effects.
- Person *hides the behavior* after family or close friends have mentioned their concern.
Addiction

- Addiction the eventual result of the continuum of the disease of addiction characterized by several factors
  
  - “Addiction is a **primary, progressive, chronic disease** with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often **progressive and fatal**. It is characterized by impaired control, preoccupation, engaging in the behavior despite adverse consequences, and distortions in thinking.” 
Addiction

• Everyone of us has an addiction potential
• Genetics and environment are both factors in that potential
• Behaviors, life-style, choices contribute to the developments of the disease
Addiction

- Addiction is a lifelong illness
  - No cure, but treatments that manage the disease
- Stabilizing addiction(s) is often a gradual process
- Helpful to roll with resistance
Prevalence

- National rates among adults with a history of at least one disorder—SAMHSA National Survey on Drug Use and Health 2014 data
  - 20.2 million adults with past use substance use disorder
    - 39.1% also had past year any mental illness (AMI)
    - 16.2% of adults without SUD had past year AMI
  - 43.6 million adults with past year AMI
    - 18.2% also had past year SUD
    - 6.3% of adults without AMI who had past year SUD
  - Serious Mental Illness (SMI) and Substance Use Disorder
    - 20.2 Million with past year SUD 11.3% had SMI
    - 9.8 million with past year SMI 23.3% also had past year SUD
  - Rates compared to total population
    - 7.9 million with past year SUD and AMI – 3.3% of total adult population
    - 2.3 million with past year SUD and SMI – 1.0% of total adult population
Why?

• “I use because I’m depressed and I’m depressed because I use”
• Attempts to self medicate
• Substance use precipitant of mental illness
• Substance use to relieving unpleasant medication side-effects
• As a precipitant – intoxication leads to violence, depression, suicide, psychosis, mania, and panic
• Withdraw leads to anxiety, depression, psychosis
Negative Outcomes

• Mental illness and Substance Use Disorders alone increase the risk of negative outcomes. Combined further increases that risk.
  – Relapse
  – Hospitalization
  – Violence
  – Incarceration
  – Homelessness
  – Serious Infections; Hepatitis, HIV, etc.
Separate Treatment

• Care in the US is frequently
  – Separate
  – Fragmented
  – Ineffective

• Different messages from the MH and CD treatment systems
  – Confusing for patients
  – Difficult to navigate

• Integrated care is essential for more positive outcomes
  – Not just MH and CD but also with Primary Care
Integrated Care

• One system
• One location if possible
• One team is essential
  – A coherent package of interventions
  – Higher likelihood of compliance

• Recovery Goals address both major illnesses

• If the treatment for Co-Occurring disorders can be integrated with Primary Care potential for positive outcomes it increased
Integrated Care

• Essential Components of Integrated Care
  – Staged Interventions
  – Assertive Outreach
  – Motivational Interventions
Integrated Care

• Essential Components of Integrated Care
  – Counseling
  – Social Support
  – Long Term Perspective
  – Family Psychoeducation
  – Illness Management and Recovery
Integrated Care

• Motivational Interviewing
  – Directive, client centered counseling style for eliciting behavioral change by helping clients explore and resolve ambivalence.
  – Assumes that motivation is fluid and can be influenced
  – Is focused and goal oriented, helping resolve ambivalence by increasing discrepancy between current behaviors and desired goals while minimizing resistance.

• Harm Reduction
  – A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
Integrated Care

• Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages

• Multiple formats for services are available, including individual, group, self-help, and family

• Medication services are integrated and coordinated with psychosocial services
Integrated Care

- Hope is critical

- Services and treatment goals are patient-driven

- Unconditional respect and compassion for patients is essential

- Integrated treatment specialists are responsible for engaging patients and supporting their recovery
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• Outpatient Programs
  – Dual Treatment
  – Adolescent, Young Adult, and Adult
  – Access to prescriber as all levels
  – Family Involvement
Questions and Wrap-Up

• Questions

• Thank you
Questions and Wrap-Up

• References