COMORBIDITY OF SUBSTANCE USE AND MENTAL DISORDER

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INTRODUCTION

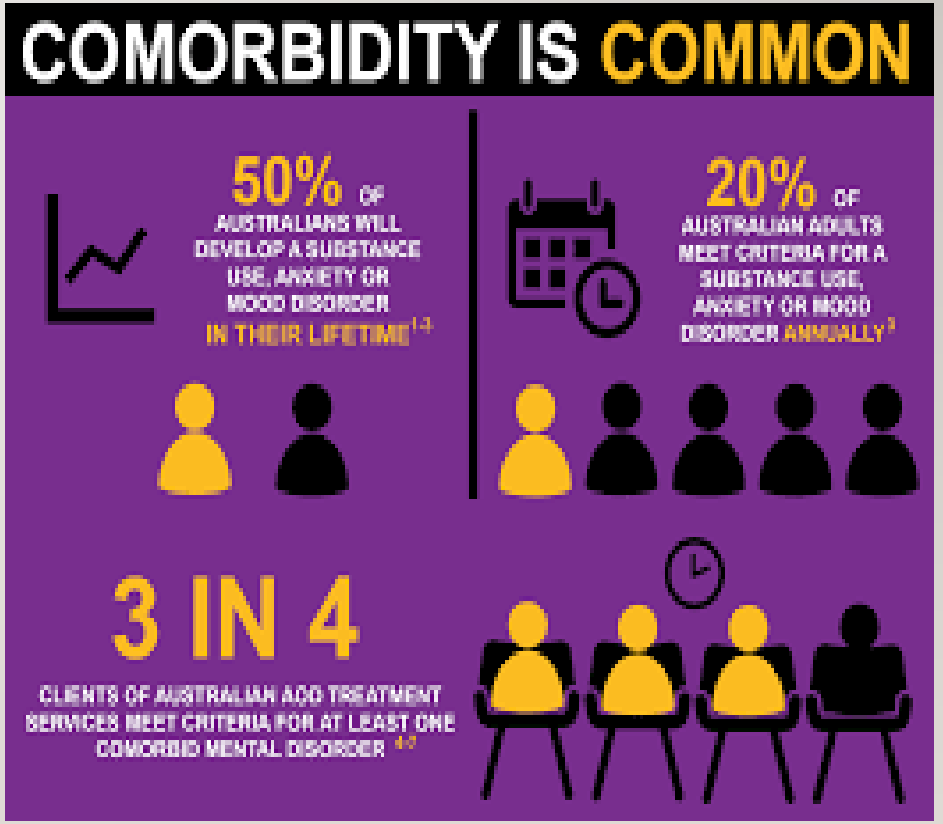
- Substance abuse is an enormous social problem in South Africa, as elsewhere, and it's increasing every day.
- Nyaope, Bluetooth, alcohol, marijuana (dagga), cocaine, tik and heroin are some of the most frequently used substances in this country (South African Depression and Anxiety Group) (SADAG).
- Given some of the frightening statistics on substance abuse in the country, there is an urgent need to educate people on the dangers and the treatments available.
- Hence, as SA has a major role in restoring functionality, improving health and reducing the social destruction of harmful substance use.

INTRODUCTION

- Many individuals who develop substance use disorders (SUD) are also diagnosed with mental disorders, and vice versa.
- The relationship between substance use and mental health disorders is complex and it is difficult to establish a clear pathway between the two.
- The identification of psychiatric comorbidity is problematic, because the acute or chronic effects of substance abuse can mimic the symptoms of many other mental health disorders.
- Furthermore, a mental health disorder can have a negative impact on substance use (e.g. facilitate the start of substance use; increase the levels of drug use; facilitate risky patterns of drug use, etc.).
- Although convincing evidence supports a strong association between several mental health disorders and substance use disorders, the nature of this relationship may vary depending on the particular disorder (e.g. depression, psychosis, post-traumatic stress disorder) and the substance in question (e.g. alcohol, cannabis, opioids, stimulants).

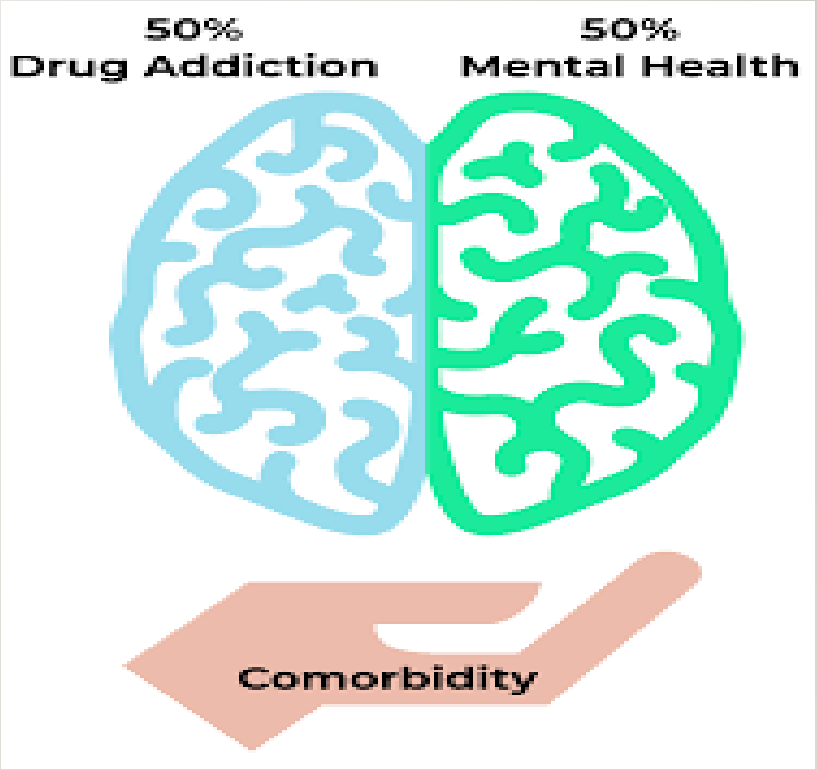
INTRODUCTION

- Overall, the coexistence of two or more clinical conditions in the same individual raises two major clinical questions:
- Is there an underlying common causal pathway?
- What is the impact of this coexistence of clinical conditions on clinical care?



DEFINITION

- Comorbidity is a term defined as the presence of two or more conditions occurring either at the same time or having a close relationship to the same individual.
- World Health Organization (WHO) define it as the "co-occurrence in the same individual of a psychoactive substance use disorder and another psychiatric disorder".
- Progressive deinstitutionalisation, despite indisputable benefits and improvement of life quality in psychiatric patients, resulted in appearance of new burdens, such as deterioration of family life.
- Furthermore, wide availability of alcoholic beverages and drugs in communities where the patients live, led comorbid substance abuse disorders to emerge as one of the biggest challenges in the modern psychiatry.



WHY IS THERE COMORBIDITY BETWEEN SUBSTANCE USE DISORDER AND MENTAL DISORDER

- The high prevalence of comorbidity between substance use disorders and other mental disorders does not necessarily mean that one caused the other, even if one appeared first.
- Establishing causality or directionality is difficult for several reasons.
- For example, behavioural or emotional problems may not be severe enough for a diagnosis (called subclinical symptoms), but subclinical mental health issues may prompt drug use.
- Also, people's recollections of when drug use or addiction started may be imperfect, making it difficult to determine whether the substance use or mental health issues came first.

WHY IS THERE COMORBIDITY BETWEEN SUBSTANCE USE DISORDER AND MENTAL DISORDER

- Three main pathways can contribute to the comorbidity between substance use disorders and mental disorders:

- Common risk factors can contribute to both mental disorder and substance use and addiction.
- Mental disorder may contribute to substance use and addiction.
- Substance use and addiction can contribute to the development of mental disorder.

WHY IS THERE COMORBIDITY BETWEEN SUBSTANCE USE DISORDER AND MENTAL DISORDER

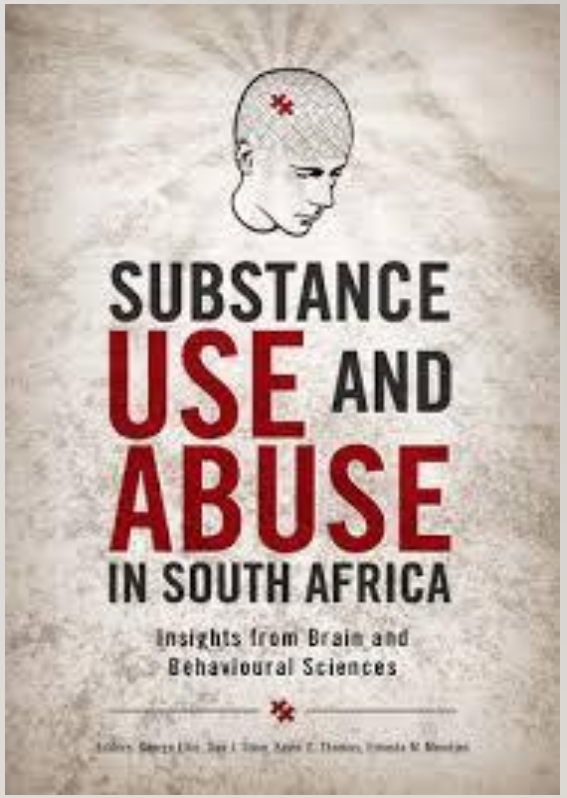
- Common risk factors can contribute to both mental illness and substance use and addiction:
- ✓ Both substance use disorders and other mental illnesses are caused by overlapping factors such as genetic and epigenetic vulnerabilities.
- Mental illness may contribute to substance use and addiction:
- ✓ Certain mental disorders are established risk factors for developing a substance use disorder.
- ✓ For example, evidence suggests that periods of cocaine use may worsen the symptoms of bipolar disorder and contribute to the progression of this disorder.

WHY IS THERE COMORBIDITY BETWEEN SUBSTANCE USE DISORDER AND DISORDER

- Substance use and addiction can contribute to the development of mental disorder:

- ✓ Substance use can lead to changes in some of the brain areas that are disrupted in other mental disorders, such as schizophrenia, anxiety, mood, or impulse-control disorders

- ✓ Drug use that precedes the first symptoms of a mental illness may produce changes in brain structure and function that kindle an underlying predisposition to develop mental disorder.



THEORIES

- Various theories have attempted to explain the relationship between mental illness and substance:
  - **Causality Theory suggests** that certain types of substance abuse may causally lead to mental illness. Furthermore, a co-occurring disorder /dual diagnosis/comorbidity situation might develop in response to some kind of genetic issue that could lead to mental illness (Dual Diagnosis, 2015)
  - **Self-Medication Theory**-proposes that people begin using drugs in an attempt to alleviate symptoms from a psychiatric condition, they already have or to counter the side effects of antipsychotic medications. Thus, these substances may not be chosen randomly, but rather with a specific purpose.
  - **Alleviation of Dysphoria Theory**-theorizes that individuals with characteristics of dysphoria may use substances excessively to lessen feelings associated with depression, anxiety, loneliness, or boredom.
  - However, theorists are unclear about which generally appears first, the symptoms or the substance abuse.
  - For example, a person who is depressed may turn to alcohol or drugs for relief of the discomfort or an addict or alcoholic whose substance abuse problem is out of control may develop a depressive disorder because of the changes the chemical produces in the brain (Miller, 2013).

WHAT ARE SOME APPROACHES TO DIAGNOSIS?

- Comorbidity is diagnosed by screening, assessment and case formulation
- Screening:
- Process of identifying possible causes of co-occurring mental health conditions
- Screening instruments for mental health are:
- Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)
- Kessler Psychological Distress Scale (K10)
- Depression Anxiety Stress Scale (DASS)

WHAT ARE SOME APPROACHES TO DIAGNOSIS?

- Screening instruments for substance abuse

✓ CAGE Questionnaire (problem drinking)

✓ Michigan Alcohol Screening Test (MAST; lifetime problems with

✓ alcohol use)

✓ Drug Abuse Screening Tool (DAST; past 12

✓ -month drug abuse)

✓ Alcohol Use Disorders Identification Test (AUDIT)

✓ Drug Use Disorders Identification Test (DUDIT)

WHAT ARE SOME APPROACHES TO DIAGNOSIS?

- The diagnosis and treatment of comorbid substance use disorders and mental disorder are complex, because it is often difficult to disentangle overlapping symptoms
- Comprehensive assessment tools should be used to reduce the chance of a missed diagnosis.
- Service users who have both a drug use disorder and another mental illness often exhibit symptoms that are more persistent, severe, and resistant to treatment compared with users who have either disorder alone.
- Users entering treatment for mental illnesses should be screened for substance use disorders and vice versa.

WHAT ARE SOME APPROACHES TO DIAGNOSIS?

- Accurate diagnosis is complicated, however, by the similarities between drug-related symptoms, such as withdrawal, and those of potentially comorbid mental disorders.
- Thus, when people who use substance enter treatment, it may be necessary to observe them after a period of abstinence to distinguish between the effects of substance intoxication or withdrawal and the symptoms of comorbid mental disorders.
- This practice results in more accurate diagnoses and allows for better-targeted treatment.

WHAT ARE THE TREATMENTS FOR COMORBID SUBSTANCE USE DISORDER AND MENTAL HEALTH CONDITIONS?

- Treatment starts with an assessment provided by the multi-disciplinary team
- Multidisciplinary treatment may encompass pharmacological, educational, psychological, and social interventions.
- Biopsychosocial assessment includes a history of the service user's mental health, substance abuse, treatment efforts and family diagnoses
- Also includes service user's self-assessment of the current problems, clinician's assessment and service user's strengt and limitations
- Assess for cultural and linguistic needs and support
- Assess the level of care
- Assess for risk
- Examine the service user's desire for treatment
- Ensure that the service user attends sessions
- Expand the client's assumption of responsibility for positive change

WHAT ARE THE TREATMENTS FOR COMORBID SUBSTANCE USE DISORDER AND MENTAL HEALTH CONDITIONS?

- Integrated treatment for comorbid substance use disorder and mental illness has been found to be consistently superior compared with separate treatment of each diagnosis.
- Integrated treatment of cooccurring disorders often involves using cognitive behavioural therapy strategies to boost interpersonal and coping skills and using approaches that support motivation and functional recovery.
- Treatment of comorbidity often involves collaboration between clinical/service providers and organizations that provide supportive services to address issues such as homelessness, physical health, vocational skills, and legal problems.

WHAT ARE THE TREATMENTS FOR COMORBID SUBSTANCE USE DISORDER AND MENTAL HEALTH CONDITIONS?

- Appropriate screening and treatment within a variety of settings, including criminal justice systems, can increase access to appropriate treatment for comorbid disorders
- Communication is critical for supporting this integration of services.
- Strategies to facilitate effective communication may include co-location (resource allocation), shared treatment plans and records, and case review meetings.
- Support and incentives for collaboration may be needed, as well as education for staff on co-occurring substance use and mental health disorders.

WHAT ARE THE TREATMENTS FOR COMORBID SUBSTANCE USE DISORDER AND MENTAL HEALTH CONDITIONS?

- Effective medications exist for treating opioid, alcohol, and nicotine use disorders and for alleviating the symptoms of many other disorders.
- For example, bupropion is approved for treating depression and nicotine dependence.
- Medication that has been safely tested to treat substance abuse includes disulfiram (Antabuse), acamprosate (Campral) and naltrexone (Revia) for people with alcoholism. For those with opiate abuse, available medications include naltrexone (Revia, Vivitrol), methadone and buprenorphine. (NAMI, 2013).
- Antipsychotics, antidepressants, anti-anxiety medications and mood stabilizers may be used to help manage symptoms of mental illness and to promote recovery.
- The use of these and all medications should be managed and closely monitored by healthcare professionals (Dual Diagnosis.org, 2015).

MODELS OF CARE

❑Sequential treatment

- The client is treated for one condition first which is followed by treatment for the other condition. With this model, the AOD use is typically addressed first then the mental health problem, but in some cases it may be whichever disorder is considered to be primary (i.e., which came first).

❑Parallel treatment

Both the client's AOD use and mental health condition are treated simultaneously but the treatments are provided independent of each other. Treatment for AOD use is provided by one treatment provider or service, while the mental health condition is treated by another provider or service.

MODELS OF CARE

❑Integrated treatment

- Both the client's AOD use and mental health condition are treated simultaneously by the same treatment provider or service. This approach allows for the exploration of the relationship between the person's AOD use and his/her mental health condition.

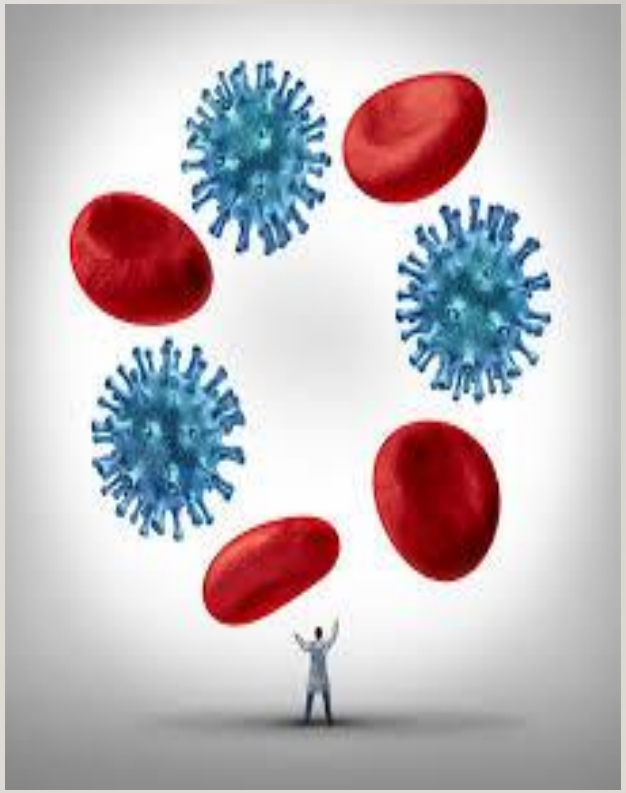
❑Stepped care

- Stepped care means the flexible matching of treatment intensity with case severity. The least intensive and expensive treatment is initially used and a more intensive or different form of treatment is offered only when the less intensive form has been insufficient.

MODELS OF CARE

❑ Dual Diagnosis Capability in Addiction Treatment (DDCAT)

- The Dual Diagnosis Capability in Addiction Treatment (**DDCAT)** Index is a benchmark instrument developed in 2003 by a psychiatrist, Dr Mark McGovern, to evaluate the capability of an addiction treatment program to provide services for dual-diagnosis patients.
- He developed the DDCAT in response to a report released to Congress in 2002 on the "Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders" (SAMSHA, 2002).
- The development of DDCAT was sponsored by SAMHSA and was designed to eliminate many of the disadvantages of traditional sequential and parallel treatment (SAMHSA, 2005).
- The DDCAT was developed to enhance treatment outcomes in substance abuse and addiction programs.



INTERVENTION

❑ **Recovery-Oriented Challenge Therapy**

- Centred on activity in which a clinical professional can actively engage with clients to help them
- identify strengths and skills, build social support, and address basic recovery issues, these groups assist with the development of self-care, boundaries, accountability, and trust. Examples include group challenges, outdoor activities, ropes courses, equine therapy, games or other skill-building healing activities.

❑ **Expressive Therapies in Recovery**

- This form of group therapy provides clients opportunities to express their creativity and process how their expressions relate to recovery, by participating in activities such as music and art therapy.

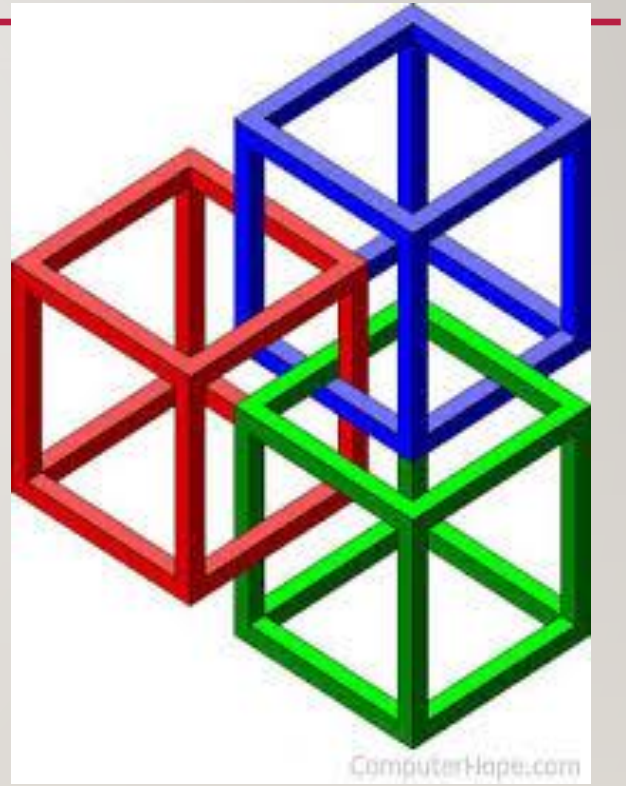
INTERVENTION

- **Trauma Therapies**
- Since many clients with dual diagnosis have trauma histories, treatment programs may offer interventions to address these issues, including Eye Movement Desensitization and Reprocessing (EMDR), Seeking Safety Sessions, Dialectical Behavioural Therapy (DBT), and others.
- **Medical and Psychiatric Sessions**
- comprehensive, integrated care significantly increases long-term recovery and quality-of-life success rates, so medical and psychiatric assessments and follow-ups should be offered throughout treatment.
- **Psycho-educational and Didactic Groups**
- Evidence-based groups may be used in dual diagnosis treatment to cover topics such as substance conditions, the physiological effects of substances, co-occurring conditions, medication, cross addictions and relapse prevention, CBT and breathing retraining, cognitive restructuring, social pressures and unhealthy behaviours, and incorporating culture in recovery.
- In addition, family roles, boundaries strategies, nutrition and wellness, and life skills education may be incorporated.

FRAMEWORK FOR CLINICAL PRACTICE GUIDELINE

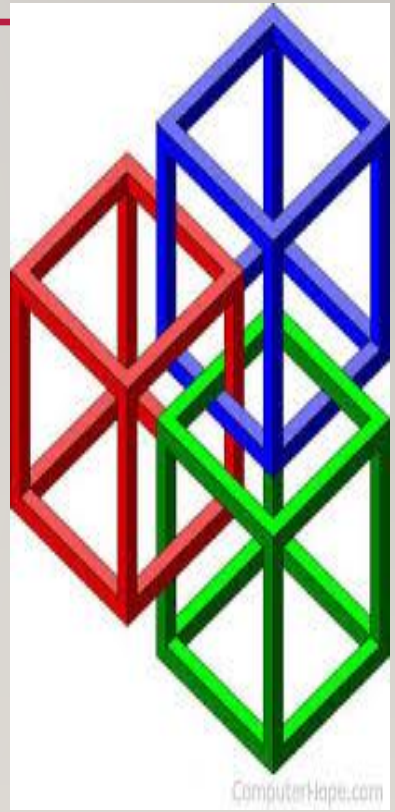
The following assumptions provide a framework for developing clinical practice guidelines for treatment matching and can also be utilized to design a welcoming, accessible, integrated, continuous, and comprehensive system of care, initially within the context of existing resources (Minkoff and Cline, 2004):

- Co-occurring issues and conditions are an expectation, not an exception.
- This expectation must be included in every aspect of the system, program design, clinical policy and procedure, and clinical competency. It must also be incorporated in a welcoming manner in every clinical contact, to promote access to care and accurate planning screening and identification of individuals and families with multiple co-occurring issues.
- The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship. Within this partnership, integrated longitudinal strength-based assessment, intervention, support, and continuity of care promote step-by-step community-based learning for each issue or condition.



FRAMEWORK CONTINUES

- All people with co-occurring conditions are not the same, so different parts of the system have a responsibility to provide co-occurring capable services for various populations. Assignment of responsibility for the provision of such relationships can be determined using the four-quadrant national consensus model for system-level planning, based on the high and low severity of the psychiatric and substance disorder.
- When co-occurring issues and conditions co-exist, each issue or condition is considered to be primary. The best practice intervention is integrated dual or multiple primary treatment, in which each condition or issue receives appropriately matched intervention at the same time.
- Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue. Mental illness and substance dependence (as well as other conditions, such as medical disorders, trauma, and homelessness) are examples of chronic, biopsychosocial conditions that can be understood using a disease and recovery (or condition and recovery) model.
- Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring condition or issue. For each co-occurring condition or issue, treatment involves getting an accurate set of recommendations for that issue, and then learning the skills (self-management skills and skills for accessing professional, peer, or family support) in order to follow those recommendations successfully over time.
- Recovery plans, interventions, and outcomes must be individualized.
- All policies, procedures, practices, programs, and clinicians become welcoming, recovery- or resiliency-oriented, and co-occurring capable.



FAMILY SUPPORT FOR COMORBIDITY

- Families, friends, and others can be most helpful in providing empathic and non-judgmental support to their loved ones and can be critically important since many people with dual diagnosis will relapse into alcohol and drug abuse at some point in their lives (NAMI, 2013).
- Numerous studies have shown that outcomes improve when families and significant others are involved through individual therapy, family therapy, family psychoeducation, and self-help groups for family therapy.
- The Depression and Bipolar Support Alliance offers the following advice (DBSA, 2015):
- Educate yourself about mood disorders and alcohol/drug dependence.
- Don't blame yourself.
- Keep in mind that your loved one has two treatable medical illnesses.
- You didn't cause either one, and you can't cure either one.
- Don't take responsibility for making your loved one well.
- Encourage him or her to get professional medical help for both illnesses.

TAKE HOME MESSAGE & QUESTIONS

Let us be cognisant when we treat people with co-occurring disorders

Let us use integrative approach in our practice

THANK YOU

- Thank you
- Contact details: Prof NJ Bila
- Email: Nontembeko.bila@up.ac.za

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