

The Essentials of...Concurrent Disorders

► What is it?

A concurrent disorder refers to a combination of both substance use and mental health problems experienced by an individual at the same time, or concurrently. Several terms have been used to describe this condition, including co-occurring disorder and comorbid disorder. American terms are dual disorder, or mentally ill chemical addiction. The term concurrent disorder is used in this Essentials document because it clearly highlights the simultaneous presence of substance use and mental health problems. The term also reflects the fact that an individual may suffer from multiple substance use and mental health problems at the same time.

Concurrent disorders can include different combinations such as

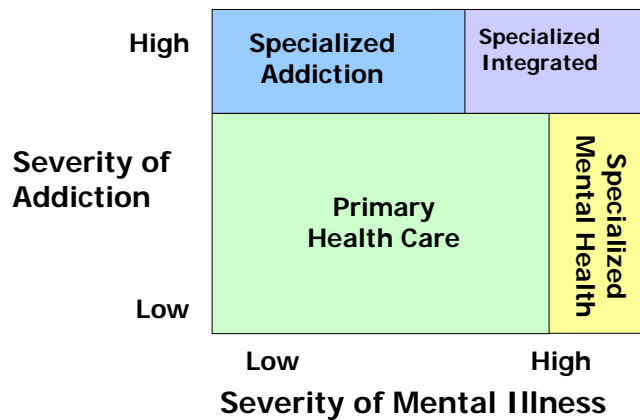
- Anxiety disorder and alcohol abuse
- Post-traumatic stress disorder and heroin dependence
- Anti-social disorder and cocaine dependence
- Depression and dependence on sleeping pills
- Bipolar disorder and cannabis abuse

► How to work with clients with concurrent disorders

There has been increasing recognition over the past two decades that the co-occurrence of addiction and mental health problems is a prominent concern within our health care system (Health Canada, 2002). During this time, there has been a growing awareness of major gaps in service delivery whereby clients access one service provider for substance abuse treatment and a totally separate service provider for mental health treatment, resulting in an absence of coordinated care. The best practices literature emphasizes that the presence of clients with mental health and substance abuse issues in both systems should be treated as an expectation rather than an exception and should therefore be treated concurrently (Health Canada, 2002; Skinner, 2005).

The Quadrant model (Figure 1), developed in the United States, is a helpful conceptual tool that explains how individuals with varying levels of substance use and mental health problems can be directed into appropriate levels of treatment (Skinner, 2005). According to this model, the appropriate treatment setting will depend on the severity and type(s) of disorder(s) presented by the individual. Treatment spans a continuum, ranging from accessing services through a family doctor in a primary health care setting (for people with low-severity substance use and mental health problems), to highly specialized care for concurrent disorders (for people with high-severity substance use and mental health problems). Specialized addictions services are best suited to those people who score low on mental health issues but severe on substance use problems, whereas specialized mental health services are best suited to those people who score low on substance use issues but severe on mental health problems. Given that the severity of an individual's substance abuse and mental health issues can fluctuate over time, flexible treatment options are needed to match these changing needs.

Figure 1: Quadrant Model



The first point of entry into a treatment system is the application of a screen followed by a comprehensive assessment protocol that is "concurrent ready". In other words, screening identifies the possibility of a problem and assessment procedures gather more detailed information on the nature and extent of a problem. Screening and assessment procedures can range from simple to complex in terms of their administration and interpretation and, depending on the level of complexity, may involve practitioners in a primary health care setting asking clients as little as three to five basic questions, trained clinicians in a specialized treatment setting administering reliable and valid psychometric tools, or highly trained medical professionals using diagnostic measures in an integrated health care setting. These screening and assessment protocols represent minimum standards in the field that should be adhered to in order to establish a foundation for a coordinated treatment response. In developing a treatment strategy, the guiding principle is to match the intensity of service to the severity of problems (SAMHSA, 2003).

In general, the treatment of concurrent disorders combines a medical model for mental health services and bio-psychosocial model for addictions treatment with a harm reduction approach. Mental health services involve psychiatric and/or psychological services, which may include the prescription of psychotropic medications to address mental health disorders. Addiction services target problematic substance use and can include a wide array of psychosocial treatment services both in individual and group format and social- and community-support services. Professionals working in both systems should have a clear understanding about the nature and extent of both mental health and addiction treatment approaches and services.

There are encouraging findings that individuals experiencing concurrent disorders can benefit from evidence-informed treatments. "Recent research on motivational interviewing shows its effectiveness in engaging and retaining clients with concurrent disorders, along with a positive effect on medication compliance and treatment outcome" (Skinner, 2005). The use of dialectical behaviour therapy (DBT), an approach adapted from cognitive behavioural therapy (CBT) but with more emphasis on conveying an attitude of acceptance to the client, has shown positive results with clients who have concurrent disorders, particularly those clients who have borderline personality disorder (Skinner, 2005). As well, providing information/support or treatment to family members is increasingly recognized as an important component of the overall treatment plan.

► Implications for substance abuse and allied professionals

There is considerable fluctuation in the range of prevalence rates of concurrent disorders in both Canada and internationally, although there is general agreement that the overall rates are very high (Health Canada, 2002; Puddicome, Rush & Bois, 2004). It may be helpful to look at the prevalence of specific types of mental health and substance use disorders based on a large study from the United States:

- Among people who have had an anxiety disorder in their lifetime, 24% will have a substance use disorder in their lifetime.
- Among people who have had major depression in their lifetime, 27% will have a substance use disorder in their lifetime.
- Among people who have had schizophrenia in their lifetime, 47% will have a substance use disorder in their lifetime.
- Among people who have had bipolar disorder in their lifetime, 56% will have a substance use disorder in their lifetime (Skinner, O'Grady, Bartha & Parker, 2004).

There is increasing recognition that care needs to be delivered seamlessly, with both systems working in a coordinated and collaborative manner. Linking substance abuse and mental health services may involve providing cross-training for both mental health and substance abuse specialists, creating protocols that would allow agencies to manage cases jointly, or integrating programs of care within a single setting. The need for coordination and collaboration also extends outside of the mental health and substance abuse systems to the police, courts, educational institutions, social services, vocational services, and housing services.

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