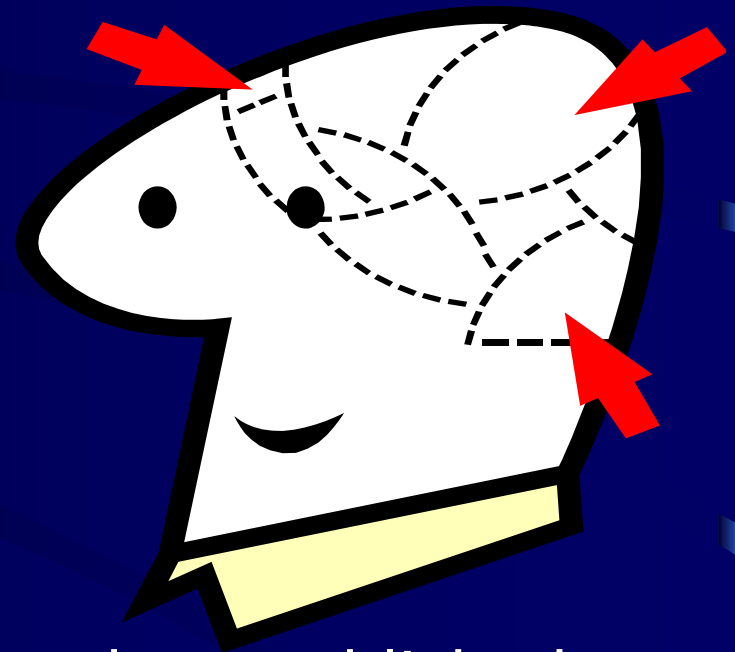


Co-Occurring Psychiatric and Substance-Related Disorders

State of Georgia
Crisis Intervention Team
Training Program

Clients with co-occurring disorders have:

- ✓ One or more disorders relating to the use of alcohol and/or other drugs of abuse
- ✓ One or more mental disorders
- ✓ One disorder of each type that can be established **INDEPENDENTLY** of the other



National Co-Morbidity Study Lifetime Prevalence

- Any alcohol or drug abuse/dependence = 26.6%
 - Alcohol Dependence=14.1%
 - Drug Dependence=7.5%
- Any Anxiety Disorder=24.9%
- Major Depressive Episode=17.1%
- Dysthymia (mood disorder)=6.4%
- Manic Episode=1.6%
- Noneffective psychosis=0.7%

Epidemiology of Dual Disorders

(Epidemiological Catchment Area Study)

- Community Lifetime Prevalence of Alcoholism=13.8%
- Lifetime Prevalence of Schizophrenia among alcoholics=3.8%
- Lifetime Prevalence of Alcoholism among Schizophrenics=33.7%
- Lifetime Prevalence of any Alcohol or Drug Disorder in Schizophrenics=47%

Epidemiology of Dual Disorders

(Epidemiological Catchment Area Study)

- 29% of people with psychiatric illness have also had a substance use disorder at some time during their lives
- Odds are 3:1 that a person with one substance use disorder will meet lifetime criteria for another psychiatric or substance use disorder

Epidemiology of Dual Disorders (Other Studies)

- Overall approximately 50% of persons in psychiatric clinical settings will have a substance use disorder
 - 30% depressed patients
 - 50% bipolar patients
 - 50% schizophrenic patients
 - 80% antisocial personality disorder patients
 - 30% anxiety disorder patients
 - 23% phobic disorder patients

Co-Occurring Disorders in the Justice System

- Rates of mental health disorders are 4 times higher among prisoners than in the general population
- Rates of substance use are four to seven times higher than in the general population
- An estimated 3-11% of individuals in correctional settings have co-occurring disorders
- Rates of co-occurring disorders are particularly high among those in the CJ system diagnosed with bipolar disorder and schizophrenia

Individuals at High-Risk of Co-Occurring Disorders

- Males
- Youthful Offenders
- Low Educational Level
- History of unstable housing or homelessness
- History of legal difficulties and/or incarceration
- Suicidality
- History of emergency room or acute care visits
- High rates of relapse to substance abuse
- Peers/associates who are drug users or who have antisocial features
- Poor relationships w/ family
- Family history of substance use and/or mental health disorders
- Poor adherence to treatment
- Disruptive behavior

Diagnosis

- Substance Induced Disorders: Many psychiatric symptoms can be caused by drugs including depression and psychosis. Symptoms occur in/around drug use. (e.g., Substance Induced Mood or Psychotic Disorders)
- Primary Psychiatric Disorder: Symptoms separate from drug use. (e.g. Major Depression, Schizophrenia)

Diagnosis

- Can't always know if symptoms are due to a primary psychiatric disorder, intoxication, withdrawal or a substance induced disorder at first glance
- Requires further assessment

Diagnosis

- Review of symptoms related to DSM IV mental health and substance use disorders
- Summarize the pattern of current symptoms and their relation to drug use
- Assess via interviewing, testing, review of records, and interviews with significant others
- Diagnosis helps to determine the focus of treatment: mental health, substance abuse, or both

Diagnosis

- Many substance induced symptoms resolve rapidly with detoxification and/or abstinence with no or short-term use of medication
- Primary psychiatric disorders often require extended treatment with medication

Important Signs and Symptoms of Co-Occurring Disorders

- Unusual affect, appearance, thoughts, or speech
- Suicidal thoughts or behavior
- Paranoia
- Impaired judgment and risk-taking behavior
- Agitation and tremors
- Impaired motor skills
- Dilated or constricted pupils
- Elevated or lowered vital signs
- Hyper-arousal or drowsiness
- Muscle rigidity
- Evidence of current intoxication
- Needle track marks/injection sites
- Inflamed or eroded septum
- Burns of the inside of the lips

Alcohol is the most commonly abused substance by the mentally ill, although individuals with mental health disorders are more likely than the general population to be poly-drug users

Relationship between Disorders

- Psychiatric illnesses increase the risk of developing substance abuse & dependence
- Psychiatric symptoms may affect onset, duration, or response to treatment of substance use/dependence (self-medicating behavior)
- Psychiatric symptoms may arise as a direct result of chronic substance use or withdrawal
- Psychiatric disorders can mask substance use disorders and vice versa

Mental Illness and Addiction Parallels

- Biological illnesses
- Heredity may be a factor
- Chronic, incurable, but not hopeless
- Cause a loss of control of behavior/emotions
- Affects the whole family
- Disease of denial
- Symptoms respond to treatment
- Disease progresses without treatment
- Often seen as a moral issue or weakness
- Feelings of guilt, failure, shame, stigma
- Physical, mental, and spiritual disease

Stages of Change Model for Persons with Co-Occurring Disorders

- Engagement – identifying potential sources of motivation
- Persuasion – developing commitment to treatment and recovery
- Active treatment – significant changes in behavior and lifestyle
- Relapse prevention – focus on maintaining prolonged abstinence

A Vision for Treatment of Co-Occurring Disorders

- The client participates in one program that provides treatment for both disorders
- The client's mental and substance use disorders are treated by the same clinician
- The clinicians are trained in psychopathology, assessment, and treatment strategies for both mental and substance disorders
- The clinicians offer substance abuse treatments tailored for clients who have severe mental disorders
- The focus is on preventing anxiety rather than breaking through denial

A Vision for Treatment of Co-Occurring Disorders (cont'd)

- Emphasis is placed on trust, understanding, and learning
- Treatment is characterized by a slow pace and a long-term perspective
- Providers offer stage-wise and motivational counseling
- Supportive clinicians are readily available
- 12-step groups are available
- Medication therapies are indicated according to clients' psychiatric and other medical needs

Source: Adapted from Drake et al, 1998

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