

Concurrent Disorders: *Being responsive to co-occurring mental health and addiction concerns*

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Provincial Mental Health Plan for Alberta (2004)

... increasing service delivery system capacity to respond to the needs of Albertans presenting with a concurrent disorder.



Guiding principles...

- ✓ Timely access to appropriate services...*every door is the right door*
- ✓ Strength-based approach...*wrap around service*
- ✓ Building on our collective wisdom



The Paradigm Shift

A Comprehensive Continuous Integrated System of Care, where substance use disorders are prioritized, where the substance system is a full partner in helping other systems assume responsibility for addressing substance abuse in their settings, and in which substance abuse settings receive support in addressing the complex co-occurring populations they already have.

K. Minkhoff



Client Standards in a Recovery-Oriented System

- Welcoming;
- Accessible;
- Integrated;
- Continuous; and
- Comprehensive.



It is through synergy – a dedicated commitment on the part of all partners – that the multiple and complex needs of this population will be addressed both in the short term and into the future.

Health Canada's Best Practices:
Concurrent Mental Health and
Substance Abuse Disorders



Principles of Successful Treatment

- Co-morbidity is an expectation, not an exception;
- Treatment success derives from implementation of an empathic, hopeful, continuous treatment relationship, which provides integrated treatment and coordination of care through the course of multiple treatment episodes;



- When substance disorder and psychiatric disorder co-exist, each disorder should be considered primary, and integrated dual primary treatment is recommended, where each disorder receives appropriate intensive diagnosis-specific treatment;



- Both major mental illness and substance dependence are examples of primary mental illnesses which can be understood using a disease and recovery model, with parallel phases of recovery, each requiring phase-specific treatment;



- There is no one type of dual diagnosis program or intervention. For each person, the correct treatment intervention must be individualized according to diagnosis, phase of recovery/ treatment, level of functioning and/or disability associated with each disorder.

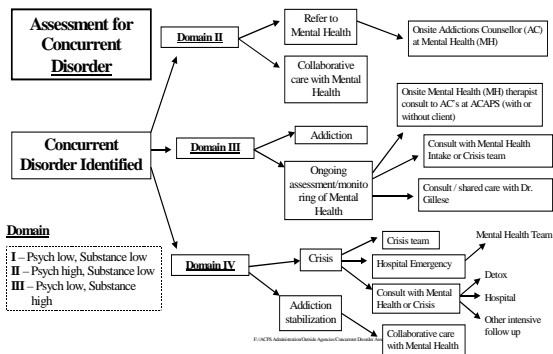


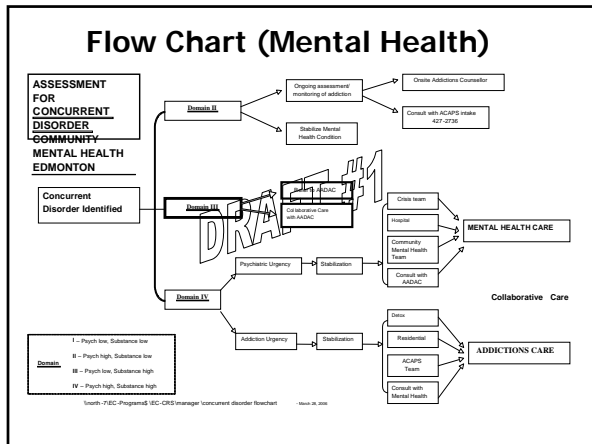
Edmonton Demonstration Project

- Collaborative systems approach
- Demonstration project to explore
 1. Enhanced relationships;
 2. Screening and referral processes;
 3. Training.





Flow Chart (AADAC)







Learning from Implementation

1. Skills are valued and transferable;
2. Professional relationship building;
3. Increasingly holistic;

Learning from Implementation (cont.)

4. Characteristics of early adopters (self-confident, in skill set, curious, team players, self-reflective, open about practice, not overwhelmed by boundaries);
5. Importance of evaluation.

Impact on Clients

1. Clients value their counsellors/ therapists;
2. They are linked to multiple providers;
3. They appreciate advocacy and support.



Integrated Scope of Practice for Singly Trained Trained Clinicians working with Clients with Co-Occurring Disorders

1. Convey a welcoming, empathic attitude, supporting a philosophy of dual recovery;
2. Screen for co-morbidity, including trauma history;



3. Obtain assessment of the co-morbid condition, either one that has already been done, or, if needed, a new one;
4. Be aware of – and understand – the diagnosis and treatment plan for each condition (at least as well as the client understand them);
5. Assess for acute mental health/ detoxification risk, and know how to get the person to safety;



6. Support treatment adherence, including medication compliance, 12 step attendance, etc;
7. Identify stage of change for each condition;
8. Provide 1-1 and group interventions for education and motivational enhancement, to help clients move through stages of change;



9. Provide specific skills training to reduce substance use and/or manage mental illness;
10. Help client manage feelings and mental health symptoms without using substances;



11. Help client advocate with other providers regarding substance abuse/dependence treatment needs.
12. Help client advocate with other providers regarding mental health treatment needs.



- 13. Collaborate with other providers so that client receives an integrated message;
- 14. Educate client about the appropriateness of taking psychiatric medications and participating in mental health treatment while attending 12 step and other addiction treatment support systems;



- 15. Modify/simplify skills training for any problem to accommodate a client's cognitive or emotional learning impairment or disability, regardless of cause;
- 16. Promote dual recovery meeting attendance, when appropriate, for the client.