

The Expectation, not an Exception:

Suicidality, Comorbid Disorders and Expanding
Practice to an Integrated Recovery Model

How Common Are Comorbid Disorders?

- 51.5 million individuals in the US diagnosed with a mental illness
 - 50% will struggle with substance use in their lifetime
- 20 million individuals in the US diagnosed with a substance use disorder
 - 2x as likely to have a mood or anxiety disorder
- 13.1 million individuals in the US have both a mental health and substance use disorder
 - Only 8% or 1 million individuals are receive combined service

Traditional Treatments

Mental
Health
Care



Addiction
Treatment

Falling Through the Cracks

In the month before their death by suicide:

- Half saw a general practitioner
- 30% saw a mental health professional

In the 60 days before their death by suicide:

- 10% were seen in an emergency department



BY DOING JUST A LITTLE BIT EVERY DAY,
YOU CAN GRADUALLY LET THE JOB COMPLETELY OVERWHELM YOU.

Suicide Care in Behavioral Health Care Settings

- Suicide prevention is a core responsibility for behavioral health care systems
- Many licensed clinicians are not prepared
 - 39% report they don't have the skills to engage and assist those at risk for suicide
 - 44% report they don't have the training

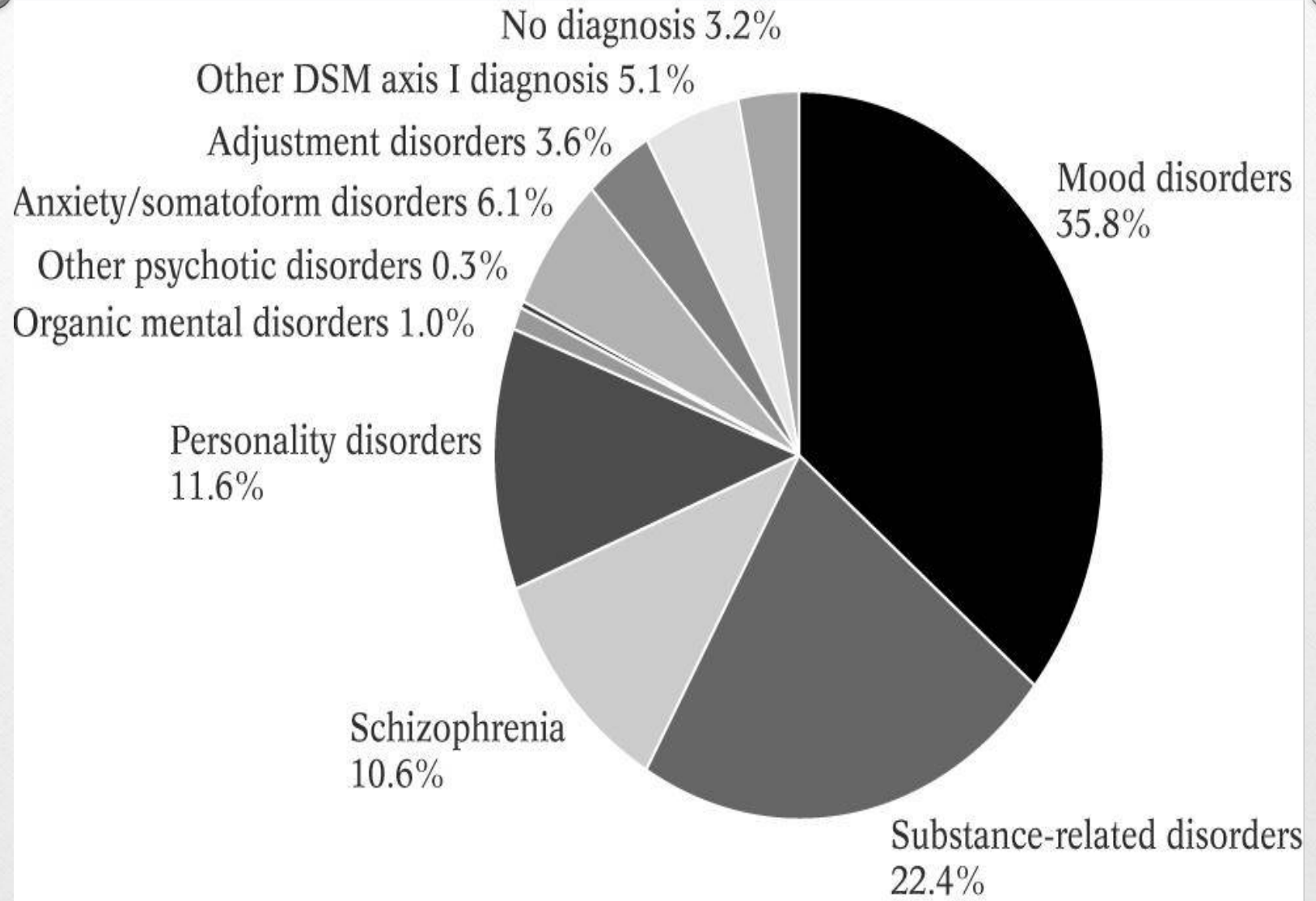
Suicide and Substances

- Suicide is the leading cause of death for people with addiction
- 20 to 30% of overdose deaths are suicides
- Of those who died by suicide in the U.S. between 2014-2016
 - 46% had a mental health diagnosis
 - 28% has a substance use issue

1. Yuodelis-Flores & Ries, 2015

2. SAMHSA, Substance use and suicide: A nexus requiring a public health approach, 2016

3. Stone, Chen, Daumit, Linden, & McGinty, 2019



Two Problems/One Person

- Comorbid disorders can sometimes be difficult to diagnose.
 - Symptoms of substance abuse /addiction can mask symptoms of mental illness
 - Symptoms of mental illness are confused with symptoms of addiction
 - People with mental health disorders sometimes do not address their substance use because they don't believe it is relevant

Which part do we treat 1st?



Patterns of Comorbid disorders:

- Mental health symptoms may worsen even while in treatment.
 - Individuals with mental health disorders often use substances to feel better.
 - People who are anxious want something to help them feel calm;
 - People who are depressed may want something to help them feel more alive
 - People who are fearful may want something to help them feel fearless
 - People experiencing emotional pain may want something to help them feel numb

Patterns of Comorbid disorders:

- Alcohol or drugs do not fix the mental health disorder
- Alcohol interferes with psychotropic medications
- Alcohol or substance use problems seem resistant to treatment

Traditional Treatment Approaches vs. Integrated Care

- Serial Treatment
 - Worsen problems or create new ones
 - Confusion due to conflicting treatment philosophies and recommendations
 - Creates treatment gaps due to communication issues
 - More likely to be hospitalized
 - Increase Suicide risk
 - Trauma is common and often unaddressed

Traditional Treatment Approaches vs. Integrated Care

- Concurrent or Parallel Treatment
 - High drop-out rates
 - Less than 8% get both services
- Integrated Treatment
 - Effective for consumers who are significantly impaired by both
 - Effective for consumers whose mental health disorder interferes with treatment of their substance use disorder
 - Effective for consumers whose substance use disorder interferes with treatment of their mental disorder
 - Beneficial for *all* consumers with Comorbid disorders by avoiding conflicts in treatment

AN INTRODUCTION TO INTEGRATED TREATMENT:

COHESIVE MENTAL HEALTH AND ADDICTION CARE FOR DUAL DISORDERS

Mental illness and substance abuse go hand-in-hand for many individuals, yet as patients, they're often treated for their illnesses by different teams of doctors prescribing different, and sometimes contradictory, treatments. Integrated treatment is different. Learn how integrated treatment works, and why it might be the right fit for you or someone you know.



WHAT IS INTEGRATED TREATMENT?



Integrated treatment programs serve people with 2 or more mental health conditions or substance abuse disorders, called **co-occurring conditions**



ELEMENTS OF AN INTEGRATED TREATMENT PROGRAM

- Coordinated treatment for multiple disorders
- Bundled interventions
- No division between mental health and substance abuse treatments
- All health professionals collaborate in one setting

CO-OCCURRING CONDITIONS

WIDESPREAD & LIFE-ALTERING

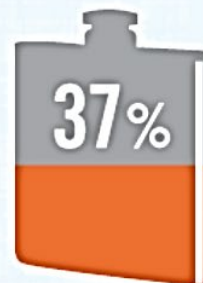


4x

People with schizophrenia are over **4x more likely** to have a substance abuse disorder

5x

People with bipolar disorder are over **5x more likely** to have a substance abuse disorder



37% of alcohol abusers and 53% of drug abusers suffer from at least 1 co-occurring mental illness



Integrated Recovery Model Components



- Person-centered
- Trauma-informed
- Peer Support
- Comprehensive
- Across ALL levels of care
- Recovery perspective

Impact of Trauma ACE scores

0 ACEs

- 1 in 16 smokes
- 1 in 69 are alcoholic
- 1 in 480 uses IV drugs
- 1 in 14 has heart disease
- 1 in 96 attempt suicide

3 ACEs

- 1 in 9 smokes
- 1 in 9 are alcoholic
- 1 in 49 uses IV drugs
- 1 in 7 has heart disease
- 1 in 10 attempt suicide

7 or More ACEs

- 1 in 6 smokes
- 1 in 6 are alcoholic
- 1 in 30 uses IV drugs
- 1 in 6 has heart disease
- 1 in 5 attempts suicide

What Is Integrated Treatment for Comorbid Disorders?

- Integrated Treatment is a proven model of treatment for people with Comorbid disorders
- Combined treatment for from the same practitioner or treatment team. One consistent message about treatment and recovery

Treatment is Integrated

- Mental health and substance abuse treatment
 - Same team
 - Same location
 - Same time
- Treatment focuses on the individual needs and is integrated on organizational and clinical levels

Integrated Treatment Recovery Model

- Hope is critical
- Services and treatment goals are consumer-driven
- Unconditional respect and compassion for consumers is essential
- Integrated treatment specialists are responsible for engaging consumers and supporting their recovery

Integrated Treatment Recovery Model (continued)

- Integrated treatment has positive outcomes:
 - Reduces relapse
 - Improvement in mental health symptoms and functioning
 - Decreased hospitalization
 - Housing stability
 - Fewer arrests
 - Improved quality of life

Principles and Standards of Care

1. Dual diagnosis is an expectation, not an exception.
2. The population of individuals with Comorbid disorders can be organized into four subgroups based on high and low severity of each type of disorder.
3. Treatment success involves formation of empathic, hopeful, integrated treatment relationships.
4. Treatment success is enhanced by maintaining integrated treatment relationships providing disease management interventions for *both* disorders *continuously* across multiple treatment episodes, balancing case management support with detachment and expectation at each point in time.

Principles and Standards of Care

5. Integrated dual primary diagnosis-specific treatment interventions are recommended.
6. Interventions need to be matched not only to diagnosis, but also to phase of recovery, stage of treatment, and stage of change.
7. Interventions need to be matched according to level of care and/or service intensity requirements, utilizing well established level of care assessment methodologies.

Principles and Standards of Care

8. There is no single correct dual diagnosis intervention, nor single correct program. For each individual, at any point in time, the correct intervention must be individualized, according to subgroup, diagnosis, stage of treatment or stage of change, phase of recovery, need for continuity, extent of disability, availability of external contingencies, and level of care assessment.
9. Outcomes of treatment interventions are similarly individualized, based upon the above variables and the nature and purpose of the intervention. Outcome variables include not only abstinence, but also amount and frequency of use, reduction in psychiatric symptoms, stage of change, level of functioning, utilization of acute care services, and reduction of harm.

Addressing Workforce Development

- Professional development is crucial
- Basic suicide prevention skills
 - QPR
- Inadequate staff training is a barrier
- Zero Suicide Initiative
 - Collaborative Assessment and Management of Suicidality (CAMS)
 - Cognitive Behavioral Therapy for Suicidal Prevention (CBT-SP)
 - Motivational Interviewing to Address Suicidal Ideation (MI-SI)

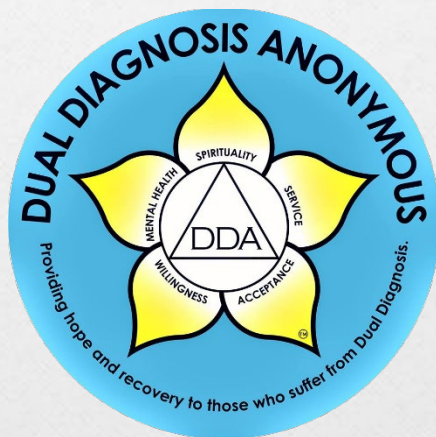
Collaborative Assessment and Management of Suicidality (CAMS)

- Quickly reduces suicidal ideation in 6-8 sessions
- Reduces overall symptom distress, depression, changes suicidal cognitions, and decreases hopelessness
- Increases hope and improves clinical retention to care
- Is liked by patients
- Easy to learn, and become adherent
- Optimal for suicidal ideators
- Decreases Emergency Department (ED) visits among certain subgroups

<https://cams-care.com/>

Cognitive Behavioral Therapy for Suicidal Prevention (CBT-SP)

- Uses CBT techniques to identify risk factors and plan efficient and effective treatment for clients with suicide-related ideation and/or behaviors
- 10-session intervention that focuses on the “suicidal mode”
- First few sessions focus on how the suicidal mode is activated in a person
- Final sessions focus on creating a relapse prevention protocol, where individuals participate in guided imagery exercises to rehearse what actions they can take instead of ending their life, when the suicidal mode is activated



DTR



RECOVERY

TIME HEALS ALL WOUNDS. BUT IT USUALLY LEAVES A PRETTY BIG SCAR.

Resources

- World Health Organization www.who.int/health-topics/suicide
- Suicide Prevention Resource Center www.sprc.org
- Smart Recovery www.smartrecovery.org
- Alcoholic Anonymous <http://alcoholicsanonymous.com>
- Narcotics Anonymous <http://na.org>
- Dual Recovery Anonymous <http://draonline.org>
- Double Trouble in Recovery
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1950134>
- Dual Diagnosis Anonymous <http://ddainc.org>

Resources

- Zero Suicide www.zerosuicide.edc.org
- Local Chapter of American Foundation for Suicide Prevention www.afsp.org
- Local Chapter of National Alliance on Mental Illness www.nami.org
- SAMSHA | www.samhsa.gov
 - Substance Use Disorder Treatment for People with Co-occurring Disorders
 - Key Substance Use and Mental Health Indicators in the United States