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Evaluations

Nursing Contact Hours, CME and CHES credits are available.

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Mental Health and Substance Abuse: Connecting the Dots

July, 17 2014
Webcast Competencies (1)

- Recognize social and biological connections between mental health and substance abuse disorders.
- Describe the role of public health in preventing and reducing the burden of mental health and substance abuse co-occurring disorders.

Co-Occurring Disorders: Mental Health and Substance Abuse Terminology

- **COD** “A mental health disorder that coexists with at least one substance use disorder in an individual.”
  - SAMHSA Treatment Improvement Protocols
- **Co-morbidity**—The simultaneous occurrence of two or more conditions or chronic diseases in one individual

Webcast Competencies (2)

- Describe public health initiatives that are addressing mental health and substance abuse disorders in New York State.
- Reference strategies, methods, and tools that are sensitive to the nuances of co-occurring disorders and can be incorporated into programmatic components, support services, and treatment plans.

Co-occurring Disorders: Morbidity

- National Comorbidity Survey Replication (2012) found:
  - 46.4% of U.S. will meet criteria for a DSM-IV disorder during their lifetime.
  - 27.7% will meet criteria for 2+ disorders during their lifetime.
  - SUDs co-occur with MI at higher rates than in the general population without a previously diagnosed MI.

Mental Health and Substance Abuse Abbreviations

- Alcohol use Disorder (AUD)
- Substance use Disorder (SUD)/ Drug Use Disorder (DUD)
- Mental Illness (MI)
- Mental Health (MH)
- Co-occurring Disorder (COD)

Co-occurring Disorders: Morbidity

- SAMHSA (2012) National rates of COD – over 8.9 million persons have both a MH and SUD.
- Only 17.6% of adults diagnosed with any MI did not have SUD.
General Characteristics

- Interaction of biological, psychological, and social components.
- CODs occur across the lifespan.
- Consequences evidenced in housing, employment, criminal justice involvement, repeated cycles through treatment.
- Small amounts of alcohol or drugs may trigger recurrence of MH symptoms.

Individual Treatment Barriers

- More likely to use services only when in crisis and less engaged in treatment overall.
- Decreased likelihood of treatment compliance.
- Increased rapid progression from initial substance use to dependence.

Behavioral Characteristics

- Difficulty in comprehension and recall.
- Inability to recognize consequences of behavior, thereby affecting ability to plan actions
- Disorganization.
- Limited attention span.

Individual Treatment Barriers

- Increased risk of diseases like HIV and Hepatitis C.
- High rates of homelessness.
- Greater rates of hospitalization and increased frequency of suicidal behavior.

Substance Abuse and Mental Health Events in Cayuga County

- Increase in Emergency Room (ER) presentations for alcohol poisoning substance overdoses.
- Emergency Medical Technicians (EMT) report more erratic and violent behaviors on calls.
- Law enforcement reports more arrests and cases where they can’t arrest because no crime was committed.

Individual Treatment Barriers

- MH and substance abuse treatment in the US span 2 separate systems of care.
- Individuals with co-occurring substance and MH disorders have been excluded from care due to one of the disorders.
  - Individuals told to attain control of one disorder before receiving care other.
  - No Wrong Door Policy

Systems Level Barriers and Interventions
Anxiety Spectrum Disorders

- Epidemiological Catchment Area and National Comorbidity Studies:
  - Anxiety spectrum disorders double to quadruple risk for an Alcohol use Disorder AUD or Drug use Disorder (DUD):
  - 75% of veterans with Post Traumatic Stress Disorder (PTSD) also meet criteria for AUD.
  - 70% or more of trauma victims meet criteria for SUD.

Schizophrenia

- 34% have an alcohol use disorder (AUD)
- 75 – 90% are nicotine-dependent at any given time (Buckley, 2006).
- 28% have a drug use disorder: The most common substances used by schizophrenics (CDC, 2006).
  - Alcohol: 25 – 45%
  - Cocaine: 15 – 50%
  - Cannabis: 31%

Bipolar Disorder

- 56% of any bipolar diagnosis associated with a lifetime SUD (Reiger et al., 2010).
- Odds Ratios of 12-month AUD and DUD in patients with Bipolar Disorder were 6.3 and 8.2 respectively (Kessler et al., 1996; 2004).
  - Nicotine prevalence rates: 55 – 70%
  - Most common substances used: alcohol, cocaine, cannabis

Depression (1)

- Lifetime prevalence of co-occurring AUDs and DUDs among patients with Major Depressive Disorder (MDD) was approximately 17% and 18%.
- Individuals with a diagnosis of MDD were 2.7 times more likely to have a SUD in the past 12 months.

Depression (2)

- Lifetime prevalence of MDD in patients with:
  - Alcohol Dependence ranged from 40 – 67% across studies.
  - Cocaine dependence 30 – 40% across studies.
  - Opioid Dependence 54 – 64% across studies.

Cayuga County’s Plan

- Local laws
- Public Forums
- Prevention efforts to targeted audiences
- Early identification/treatment/training
- Focusing resources
- Law Enforcement response
**Focusing Resources**

- Harm reduction.
- Directing funding and resources to prevention.
- Mobile Crisis after hours services.
- MH First Aid Train the Trainers.
- Critical Incident Training.
- Increasing access, reducing waits.
- Delivery System Reform Incentive Payments (DSRIP).

**Screening Instruments for Mental Health**

- Modified Mini Screening Tool
- Developed by NYS Office of Alcohol and Substance Abuse Services (OASAS)

**Screening Instruments for Alcohol & Drug Abuse**

- CAGE/CAGEAID Questionnaires
  - Cutting down, Annoyance by criticism, Guilty feeling, Eye-openers


**Modified Mini-Screen (MMS)**

- Screening questions are designed to identify persons in need of further assessment for the following:
  a) Mood disorder.
  b) Anxiety disorder, includes Post-traumatic Stress Disorder (PTSD).
  c) Thought disorder.

**CAGE/CAGEAID Questionnaires**

4 simple questions are “Have you ever”:

1. Felt the need to cut down your drinking;
2. Felt annoyed by criticism of your drinking;
3. Had guilty feelings about drinking; and
4. Taken a morning eye opener?

**Theoretical Models for Treatment**

- Common Factor Models.
- Secondary SUD Models (including Self-Medication Hypothesis).
- Super-sensitivity Model.
- Secondary Psychopathology Models.
- Bi-Directional Models.
Treatment Models

- **Sequential Models**
  - Treatment in the mental health or addiction system followed by treatment for the other disorder.

- **Parallel Models**
  - Simultaneous treatment for both mental health and substance abuse disorder.

- **Integrated Models**
  - Combined model that blends mental health and substance abuse treatment into a unified care plan.

- **Medication**

Pharmacotherapeutic Interventions

- **Depression:**
  - Antidepressants have been shown to reduce cocaine and opioid use.
  - Do not appreciably reduce alcohol consumption.

- **Bipolar Disorders:**
  - Anticonvulsants (prescription Depakote, Neurontin) and Lithium may decrease substance use rates, including alcohol use.

Early Identification, Treatment and Training

- Coordinated, integrated, and collaborative planning:
  - Universal adoption of the Columbia Suicide Severity Rating Scale across many schools and all providers.
  - Cross-training MH/SA/Law Enforcement/EMTs.
  - Article 31 mental health clinics to screen for substance abuse.

Pharmacotherapeutic Interventions

- **Schizophrenia:**
  - Clozapine decreased psychosis, increased abstinence from substance use, including decreased cocaine and nicotine intake.
  - Risperdal: Stabilizes dopamine levels and reduces alcohol cravings (NIDA, 2012)

Pharmacotherapeutic Interventions

- **Anxiety Disorders:**
  - Prescription medication Buspar has been shown to positively affect both anxiety symptoms and alcohol consumption.
  - Selective Serotonin Reuptake Inhibitors (SSRIs) addressing both anxiety and depressed mood have been found to reduce cocaine and opioid consumption rates.
  - Benzodiazepines are discouraged due to triggering of relapse in alcohol and sedative dependent patients.

Substance Specific Medications

- Suboxone
- Vivitrol
- Campral
- Provigil
- Chantix
Successful Therapeutic Relationship

- Match client with appropriate treatment
- Use supportive and empathic counseling
- Maintain a recovery perspective
- Manage counter-transference
- Monitor psychiatric symptoms

Guide Outline

- How to Use the Evidence-Based Practices KITs
- Getting Started with Evidence-Based Practices
- Building Your Program
- Training Frontline Staff
- Evaluating Your Program
- The Evidence-Literature Cited
- Using Multimedia to Introduce Your Evidence-Based Practice

Prevention and Tools for Implementation

- New York State Office of Alcoholism and Substance Abuse Services (OASAS)
  - 1-877-8-HOPENY
  - The OASAS and the NYS OMH promote accurate screening of substance abuse disorders among patients within the MH system.
- For nationwide harm reduction services and information: www.harmreduction.org

Population and Systems Level Interventions

- Work toward integrated treatment for MH/SA.
- Continue increasing awareness.
- Implement a county-wide prevention program.

Evidence-Based Practice Guide

- Substance Abuse and Mental Health Services Administration (SAMHSA) Integrated Treatment for Co-Occurring Disorders: How to Use Evidence-Based Practices KITs.
- The free online guide and additional resources are available at: http://media.samhsa.gov/co-occurring/

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