Background
Concurrent disorders compound both medical and psychosocial challenges often resulting in significantly poor clinical outcomes resulting in a need for alternative management options. The prevalence of these issues is of growing concern as an estimated 1.2% of Canadians aged 15-64 experienced concurrent disorders last year.

Important statistics
- In Ontario, between April and September of 2020 there was 108% increase in fentanyl-related deaths in 2016, up from 4% in 2012 [2]
- In BC fentanyl was involved in 68% of illicit drug deaths in 2016, up from 4% in 2012 [2]
- More than 50% of people seeking help for addiction also experience mental illness [46]

Current Treatment
- Lack of coordinated approach
- Mental health and addiction treatment are often in different settings. This inhibits continuity of care allowing patients to fall through the cracks
- Red Fish Healing Center is an example of how Mental Health and Addiction treatment can be provided in one facility. The facility is limited to 105 beds however this could be scaled
- Harm Reduction centers which have a primary goal to reduce the harm of drugs. A drawback to this program is the lack of focus on ending the use of the substances may make the concurrent mental health disorders more challenging to treat

Methods
Study Structure: Cross-sectional cohort survey

Cohort Survey Participant Criteria:
- Diagnosed opioid use disorder
- Used illicit opioids in the last 6 months

Sampling Type: Convenience sampling

Administration of Survey: Semi-structured questionnaire with qualitative & quantitative questions in a facilitated interview.

Survey Development: Developed through consensus with field experts and an iterative process

Purpose of Design: Provide insight into factors potentially impacting the cause and treatment of concurrent disorders

Results
- 120 participants recruited
- 76% of patients had concurrent diagnoses of mental illness
- 70% of patients reported chronic pain in the last six months
- 26% of patients had thoughts of suicide in the last six months
- The most diagnosed mental illness was Depression (30% patients)
- Parental separation or divorce (70 patients) was the most experienced trauma

Conclusion
- Patients with co-occurring addiction and mental illness, pain and trauma make up an underserved cohort of patients requiring complex care
- A shortage of mental health services and psychiatrists makes equitable provision of care to patients challenging
- The lack of continuity between addiction treatment and other forms of care
- Focus on a biomedical model of addiction management in BC
- Current result is incomplete care
- Requiring complex treatment can lead to exclusion from substance use treatment programs such as detoxification units and residential treatment facilities.

To provide patients with co-occurring illneses the best standard of care possible, and ultimately improve patient outcomes, it is essential that integration of mental health and addiction treatment is adopted as a primary approach.

Reference / Bibliography


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