

Caring for Caregivers: Concurrent Disorders

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Acknowledgements and Disclosures

Thank you to Dr. Kristina Levang and Patrick Kolowicz, local experts in concurrent disorders for their guidance

I am a psychiatry trainee, who treats concurrent disorder patients under the supervision of staff psychiatrists in the Windsor-Essex region

My opinions are my own, and not necessarily those of HDGH

No pharmaceutical industry ties to report

Intended Audience

Those who seek to more effectively care for those suffering from concurrent disorders in the Windsor-Essex region.

I hope to share new concepts with minimal jargon



Objectives

Define mental illness, substance use, and concurrent disorders

Present statistics on how common, deadly, and disabling concurrent disorders can be

Introduction to the principles and values of concurrent disorders care

Share local concurrent disorder treatment strategies

Discuss how we can best help those with concurrent disorders in Windsor Essex



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Concurrent Disorders Definition

Mental Illness + Substance Use Disorder

Mental Illness

- A disorder of either/or thoughts, feelings, behaviour, that causes significant distress or impairment to daily life functioning
- Impairment implies a loss of previously-achieved potential to adapt to life's challenges

Substance use disorder

- A combination of excess substance use that cannot be ceased in the medium-long term and substance use that impairs daily life functioning, tolerance and/or withdrawal symptoms



What is mental health?



ADAPTATION

The 'baseline':
Our best, challenges
included



Time

What is mental illness?



From the 'baseline':
Our best, challenges
included...

Time

What is mental illness?



A disorder of thought, feelings, behaviour



From the
'baseline'...

That has **IMPAIRED** or **WILL IMPAIR** our ability to
be our adaptive best

Time

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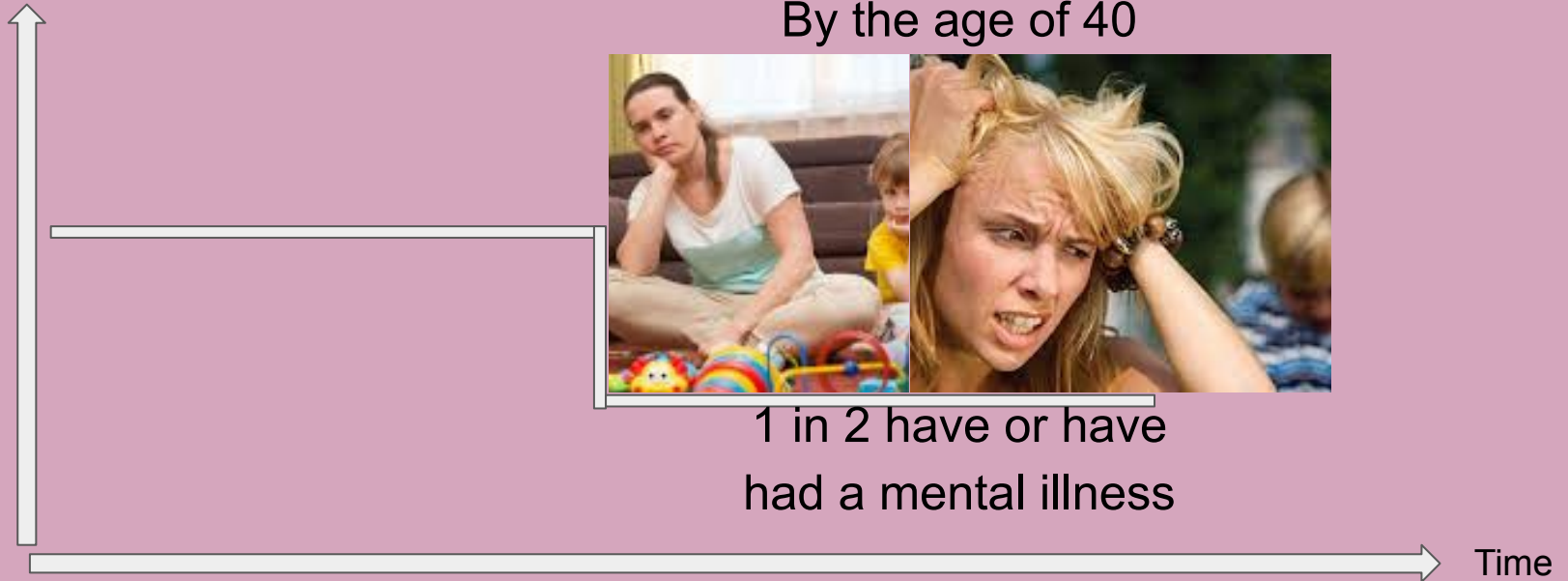
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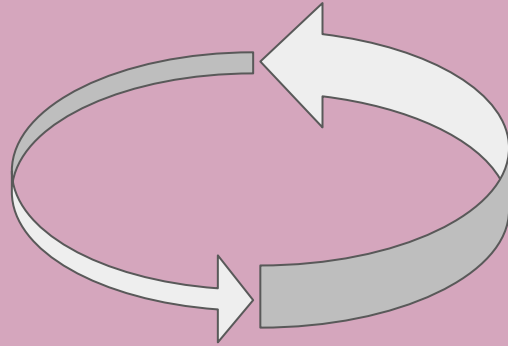
Mental Illness Statistics



Mental Health Statistics

Those with a mental illness

3X likely to have a substance use disorder



Those with substance use disorder

4.5X likely to have a mental illness.

The impact of concurrent disorders



- Increased risk of harm to self, harm to others, physical impairment
- Those who use alcohol or drugs are 10-14 times more likely to die by suicide
- Increased risk of social isolation and financial impairment
- Increased risk of relapse

Time

The statistical impact of the pandemic

Opioid deaths in Canada have risen since the pandemic began, most among men aged 20-49 years. In 2020, 96% were unintentional, often from a non-pharmaceutical fentanyl

Half of opioid deaths involved a combination with a stimulant



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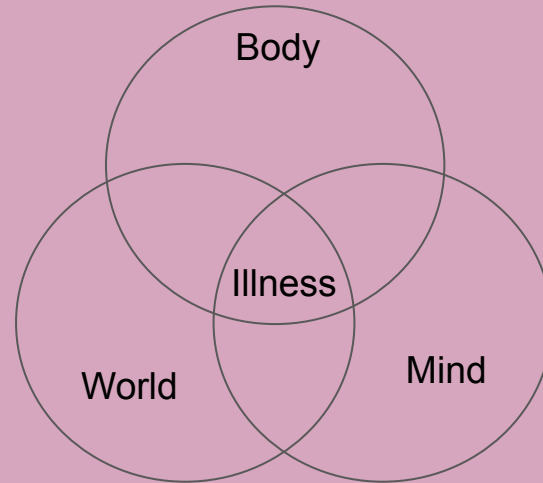
Concurrent Disorders Care

How do we do it?



Principle: healthy brains, healthy minds, healthy communities

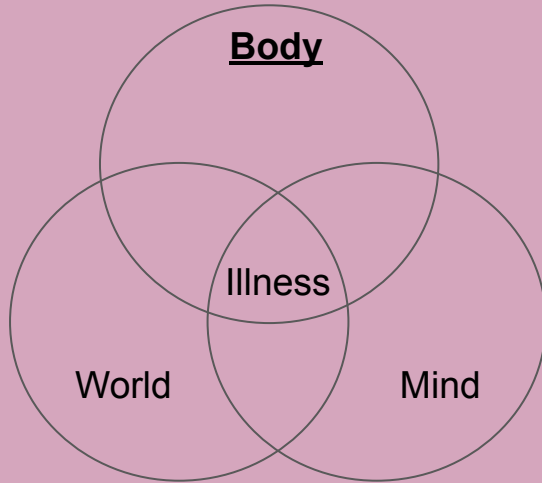
Example, suicide can occur due to biological, psychological, and social reasons (sometimes many at the same time)



One of these factors are directly addressed by mental health care systems, the rest involve other systems (families, policies, religious communities, etc)

The Prevention of Suicide

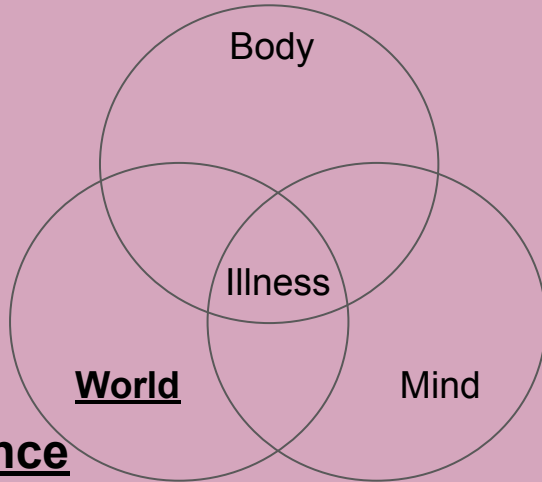
Health history



Medical assistance in dying (MAID) for crippling medical illness is legal in Canada.

MAID can be prevented by optimally treating and preventing disabling medical illnesses

The Prevention of Suicide

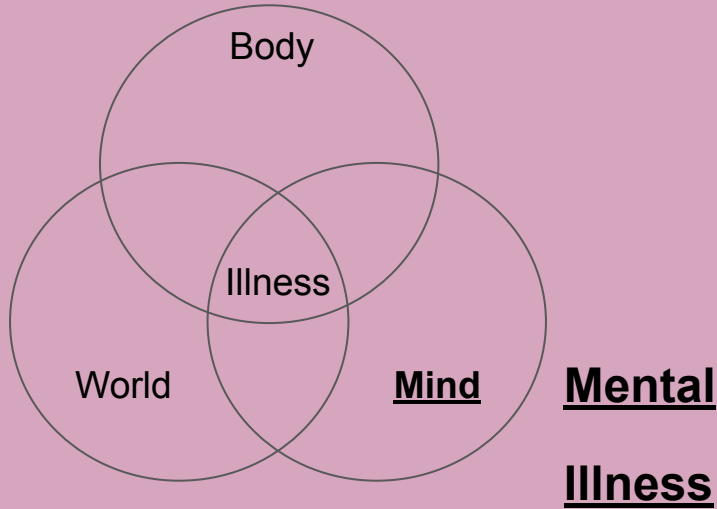


Some cultures or individuals have viewed suicide as a traditional consequence to cope with personal business failure or widowhood.

We can prevent these suicides with a public health campaign and/or religious/cultural reform and/or financial assistance.

The caregiver will also know, more than a doctor, which social stressors are MOST MEANINGFUL to the individual with concurrent disorders.

The Prevention of Suicide

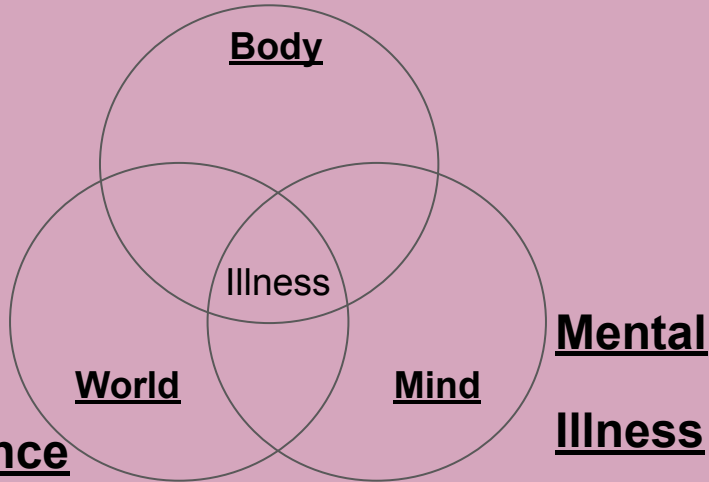


For many, suicide would not happen if not for a mental illness

Mental health professionals can prevent these suicides with psychiatric care and counselling/therapy

The Prevention of Suicide

Health history



Some with concurrent disorders face each of these challenges at once



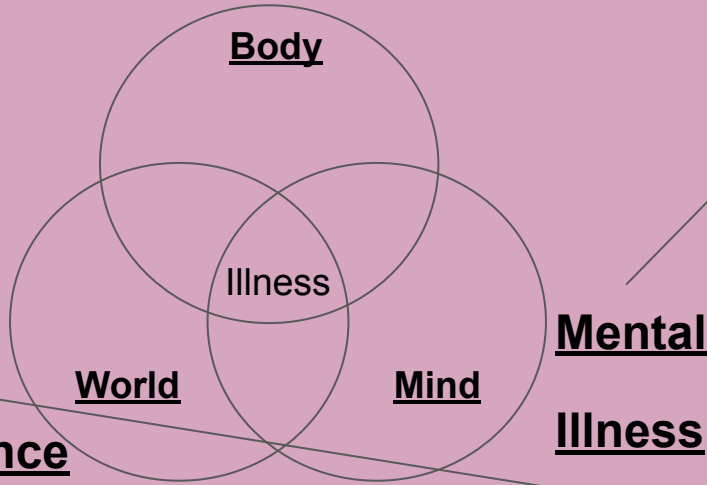
You and your community's mental health providers succeed best together

The Prevention of Suicide

Health history

Family doctor:

“which medical illnesses hurt my patient’s self esteem?”



Psychiatrist/Therapist:

“How do I treat my patient’s concurrent disorders?”

The Caregiver:

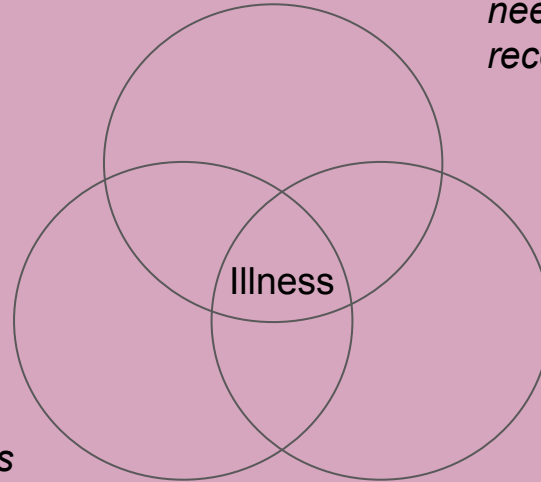
“More than anything, my son lives for his children. He might bounce back from getting laid off, but we need to be there for him urgently if his children stop talking to him.”

The origin of concurrent disorders

My daughter was never the same after...

Health history

...the car accident that hurt her back. She needed oxycodone to recover.



“...she started having nightmares about the crash”

Mental Illness

Past Trauma

...when our house was broken into when she was 4. She never really trusted anyone after that.

Impulsivity

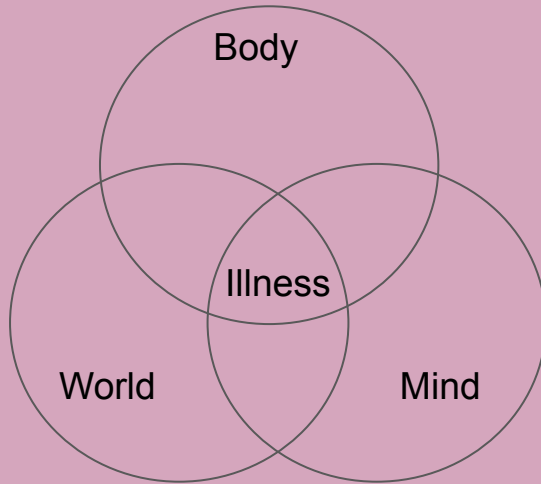
“If I were completely honest, she always seemed on the impulsive side, even when everything was ok.”

Treating Concurrent Disorders: The beginning

“I understand he is suffering. We are here to help. But we need a bit more time to understand exactly what’s going on...”

“...At this time, all I can say is that he is hearing voices and suffers from ‘psychosis,’ but I cannot say if he has schizophrenia or not.”

“...Would he still be hearing voices if he stopped smoking meth for 1 month?”



Mental illness

Addiction behaviour mimics many psychiatric diagnoses

- Often mental health professionals begin with ‘working diagnoses’
- and try to ‘integrate’ addiction and mental healthcare for those with concurrent disorders

Psychiatric Medication and Therapy For Concurrent Disorders

Evidence-based medications

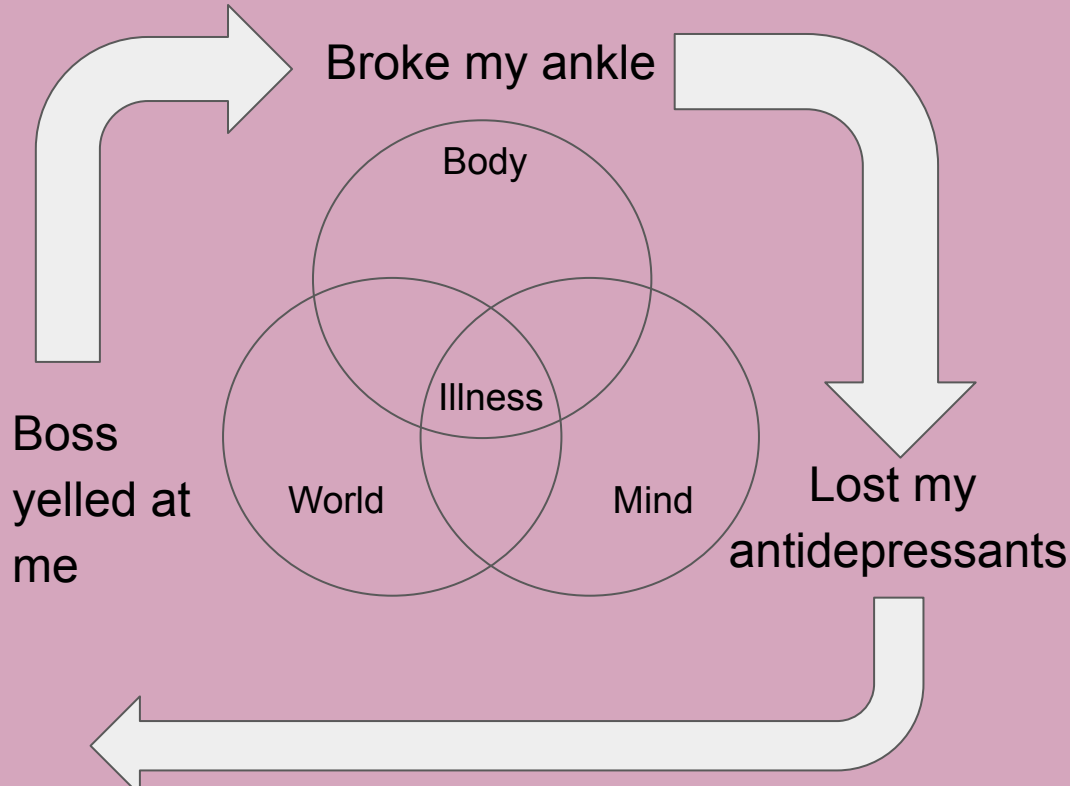
- Opioid replacement medication (methadone, suboxone)
- Anti-craving medication (naltrexone, acamprosate, gabapentin)
- Antidepressants, non-addictive anti-anxiety medications, antipsychotics

Evidence-based talk therapies

- Motivational interviewing (more so a philosophy of patient interaction)
- Dialectic behavioural therapy
- Cognitive Behavioural therapy

Treatment Adherence: Each Day is an Adaptation Challenge

Each Day is a Motivation Challenge



Motivation to adhere to treatment should be expected to change day by day

- When motivation is present, it should be welcomed and reinforced positively
- When motivation ebbs, one encourages the client's "rediscovery" of their specific motivation

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Levels of Care

Residential Inpatient	Risk of death in the short-medium term
Short term psychiatric hospitalization	Risk of death in the short-medium term (little integrated care)
Residential	AKA Rehab. Helps low-risk, isolated individuals start recovery
Outpatient	Psychiatry and therapy at a clinic office
Meetings*	Maintaining and strengthening use reduction and recovery
Home/Family	Love+support of patient's best self, with help from the above

*Significantly impacted by pandemic public health measures

Windsor resources for concurrent disorders care

Residential Inpatient	Homewood (located in Guelph, ON)
Short term psychiatric hospitalization	Windsor Regional Hospital, Ouellette
Residential	Brentwood; House of Sophrosyne
Outpatient	HDGH Concurrent Disorders Program; React; Launchpad; STEPS
Meetings*	Virtual 12-step meetings

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how you can best **SAVE** those with concurrent disorders

Involuntary hospital stays (detention)

Opioid overdose prevention

When to consider compassionate involuntary hospital detention

When a mental health disorder (substance induced or not) is causing imminent risk of harm to self or others

- Imminent risk of harm to self by suicide
- Imminent physical deterioration (starving to death, active infection for lack of hygiene, HARM FROM OTHERS due to intrusiveness)
- Imminent risk of harm to others
- Ask yourself: Is the immediate trauma of this mental breakdown more traumatic than an involuntary detention? If so, consider advocating for compassionate involuntary detention

How to trigger compassionate involuntary hospital detention

- What if the situation is dangerous right now?
 - Call police (Many officers are trained to bring patients to a hospital for treatment and not to a jail for punishment)

- If you feel danger is imminent but not right now
 - Ask the local justice of the peace to issue a form 2 (must be within jurisdiction)

or

 - Ask a physician (usually a psychiatrist, family doctor, or ER doctor) who has examined the patient 7 days ago or less to issue a form 1 (if they examined patient over the phone 7 days ago or less, this appears to count for now)

<https://www.psychdb.com/teaching/on-mha/home>

Overdose death prevention

Risk factors for a fatal overdose:

- Drug potency (fentanyl)
- Chronic substance use
 - Mixing drugs (whether intentional or not)
 - Relapses
- Comorbid medical or psychiatric illnesses
- Lack of timely access to anti-overdose medication
- Isolation from a supportive network

Prevention:

- Integrated health care (concurrent disorder approach)
- Bystander naloxone training
- Relapse drills
 - Accept that relapses are statistically likely, and focus instead on learning the personal signs that precede relapse
 - If the signs of relapse are present, mobilize a compassionate network and try to seek help.
 - If relapsing, encourage a small test dose from a known source, with others present, hopefully those with naloxone training.



Naloxone (opioid overdose treatment)

Recognize the signs of overdose to know if someone needs naloxone

Naloxone usually does not outlast the effect of the overdose, so 911 must be called before the first dose.

Opioids kill by stopping one's breathing. Naloxone, if it works, will restore spontaneous breathing, usually within a few minutes

If not spontaneously breathing, try to give one breath every 5 seconds.

If not spontaneously breathing within 5 minutes, try to give another dose

If you cannot find a pulse, the person needs naloxone and chest compressions and assisted breathing

Naloxone is safe for all ages

Naloxone be delivered as a needle shot or a nasal spray

Give naloxone if you suspect a mixture caused the overdose. If an opioid was in it, naloxone will help

Ottawa | Public Health
Santé publique | Santé publique

Opioid Overdose Signs and Symptoms

Breathing will be slow or gone 	Lips and nails are blue 
Person is not moving 	Person may be choking 
You can hear gurgling sounds or snoring 	Can't be woken up 
Skin feels cold and clammy 	Pupils are tiny 

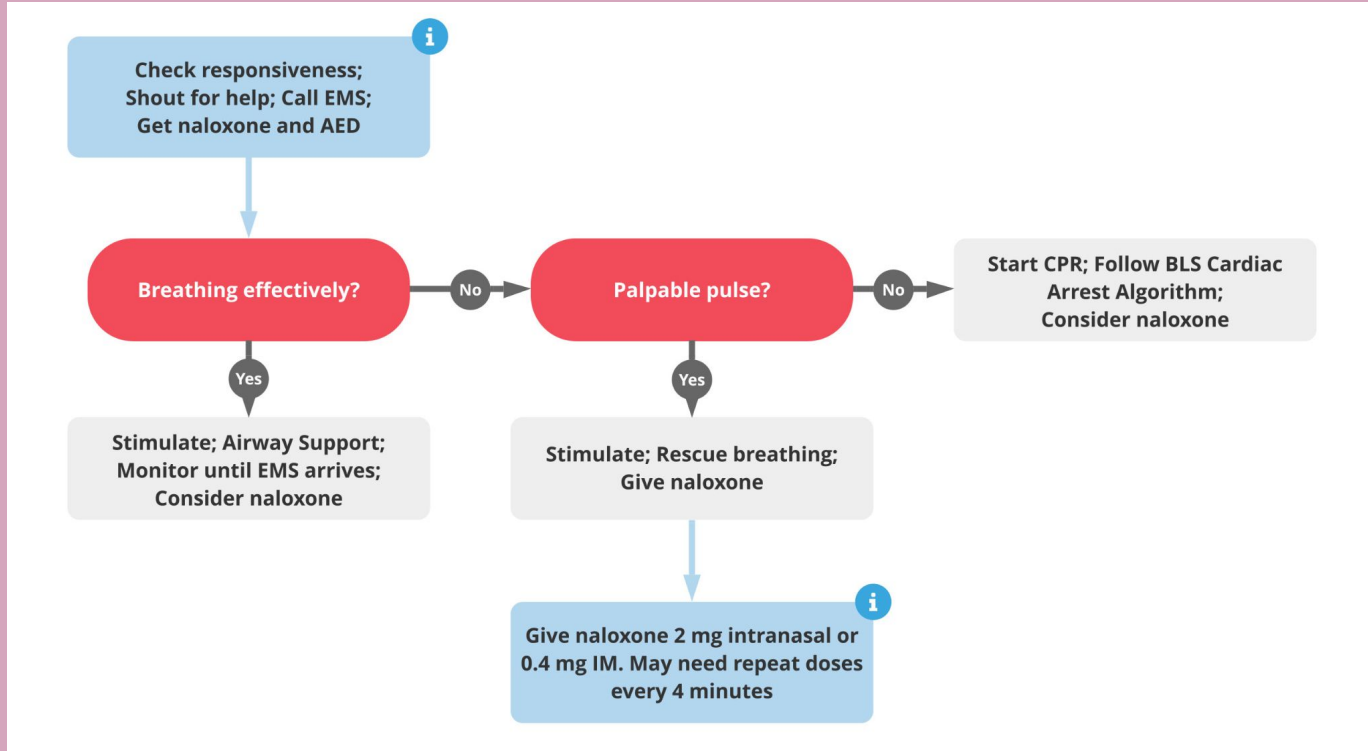
Adapted with permission from the Ontario Harm Reduction Distribution Program

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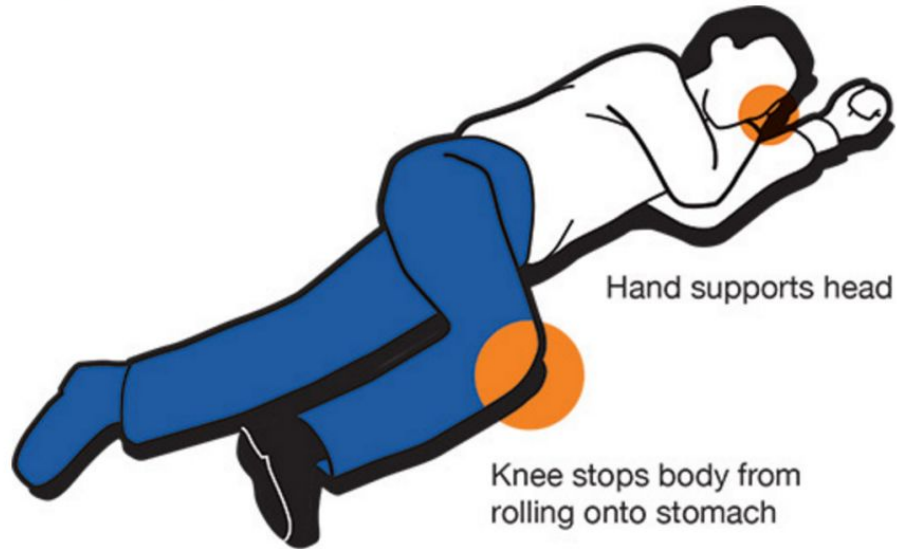
Opioid Overdose Response Steps



Once spontaneous breathing starts

The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

Your rights when calling the police

Good Samaritan Law of Canada.

As a bystander, you cannot be charged with minor offenses when the police arrive

- Do not fear being charged for minor drug possession if you bring the police into your home to save a friend/family-member who has overdosed

ONE OPIOID OVERDOSE
is TOO MANY

YOU
CAN SAVE
A LIFE!

Drug overdoses can happen
with others around.
If you experience or
witness an overdose... **CALL 911**

The Good Samaritan Drug Overdose Act

Essex County police agencies want to reduce the fear of police attending overdose events and to promote PROTECTION OF LIFE.

The Good Samaritan Drug Overdose Act provides some legal protection for people who experience or witness an overdose and call 9-1-1 for help.

The act can protect you from:

- Charges for possession of a controlled substance (i.e., drugs) under section 4(1) of the Controlled Drugs and Substances Act.
- Breach of conditions regarding simple possession of controlled substances (i.e., drugs).

The act DOES NOT provide legal protection against more serious offences, such as:

- Outstanding warrants
- Production and trafficking of controlled substances
- All other crimes not outlined within the law



This resource was prepared by Enforcement and Justice Working Group as part of the Windsor/Essex Community Opioid & Substance Strategy.

Summary

Mental illness and substance use disorders increase the risk of the other, and increases the risk of death, intentional or accidental

Such concurrent disorders complicate the certainty of diagnosis and treatment approach. Integrated, experienced services are necessary

Integrated treatment for concurrent disorders can include medical care, psychiatric care, therapy

Motivation to stick with a treatment plan should be expected to change, be more supportive than punishing

Those whose mental illness causes imminent risk of harm to self, others, or severe health compromise may benefit from a compassionate involuntary detention in a psychiatric facility

Psychiatry, medicine and the community must rely on each other to help someone in need to help themselves

There are ways you can help prevent and treat and overdose. Let us help you get involved safely

Shall we get started?



References

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<https://www.aclsmedicaltraining.com/bls-suspected-opioid-overdose-algorithm/>