Concurrent Disorders: Shifting Treatment Paradigms Within a Hospital Setting

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Your health, your hospital

Faculty/Presenter Disclosure

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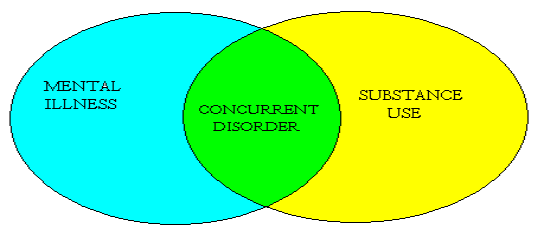
Relationships with commercial interests: None

Introduction

- A concurrent disorder is defined as any combination of substance use and mental illness.



- The prevalence of concurrent disorders is higher in hospital patients than in the general population. (Menezes et al.,1996)

- Historically the mental health and addiction systems have worked in silos (www.parl.gc.on.ca; 2004).

- Provision of integrated care is a best practice recommendation listed by Health Canada for supporting individuals with concurrent disorders (www.hc-sc.gc.ca; 2002).

Introduction

- Grand River Hospital – Mental Health and Addictions Program
  - Located and servicing Kitchener-Waterloo Region
  - ED, Outpatient, Child and Adolescent, Day Hospital, Withdrawal Management
  - Acute Mental Health Beds (52, 56 in surge)
    - Local
    - Short stay – average 12 days
  - Specialized Mental Health (50 beds)- Regional
    - Regional
    - Tertiary care
    - Longer stay – average 90 days

Actions

- Goal: To improve client care through shifting treatment planning from a predominant mental health focus to a balanced integrated approach.

- The Mental Health and Addictions Program at Grand River Hospital implemented a Concurrent Disorders Specialist Role at Specialized Mental Health (SMH: Stephanie Demers – Hired February 2013) and Adult Inpatient Mental Health (AIMH: Trish Benoit – Hired July 2013).

- Three main areas of focus:
  - **Clinical**
  - **Capacity Building**
  - **Research/Evaluation**

Actions

Clinical:

- Screening & Assessment
- Individual & Group Treatment (Patients and Family)
  - D.A.M.H
  - Substance use and mood
  - CBT for Concurrent Disorders
  - Concurrent Connections
  - Courage to Continue
- Discharge Planning & Community Reintegration
- Note: CD role at AIMH includes case management and brief consultations on the Emergency Assessment Unit. The SMH role includes inpatient counselling and community follow-up.

Actions

Capacity Building:

- Skills Refresher Days
- Mini-Education Sessions
  - 10 Topics – Average 82 staff attended each session
  - 15 minute brief sessions to accommodate staffing model
  - Staff buy-in
- Resources: Distributed & Lending Libraries
- Concurrent Disorders Committee (SMH; multidisciplinary)

Research/Evalution:

- Family group evaluation was completed in December 2013 & June 2014
- Capacity building feedback collected in June 2013, November 2013, and February 2014
- A staff survey was conducted in February 2014

Clinical Results

Clinical Snapshot:

Characteristics	SMH	AIMH
Referrals (Total #)	27 *since April 2013 until April 2014	175 *since September 2013 until April 2014
Average age (Years)	37.6	32.0
Average length of stay (Days)	Inpatient – 132.8 Outpatient – 146.6	21.5
Most common substance	Tobacco (polysubstance)	Alcohol (polysubstance)
Most common diagnosis	Schizophrenia	Depression

Clinical Results

Family Group Evaluation (n=8)

- 12 week closed psycho-education group based on the CAMH *"A Family Guide To Concurrent Disorders"*
- All family members agreed that the group helped them gain knowledge on the topic of concurrent disorders, the impact on family life, the importance of self care, stigma, navigating the treatment system, medications, relapse prevention planning, strategies for crisis and emergency situations, and the concept of recovery.
- All participants agreed that they would recommend this group to others.

"The group was great. I desperately needed help and this group provided great support!"

"Good process – very easy going. Comfortable sharing."

Capacity Building Results

Skills Refresher Days (n=51)

- The majority of staff agreed or strongly agreed that the content was valuable, practical, relevant to their work, easy to understand, and that they learnt something new in the sessions.

"Very clear, concise, relevant, and interesting. A very organized and well thought out presentation."

"Easy to understand and definitely relevant to the future of this program."

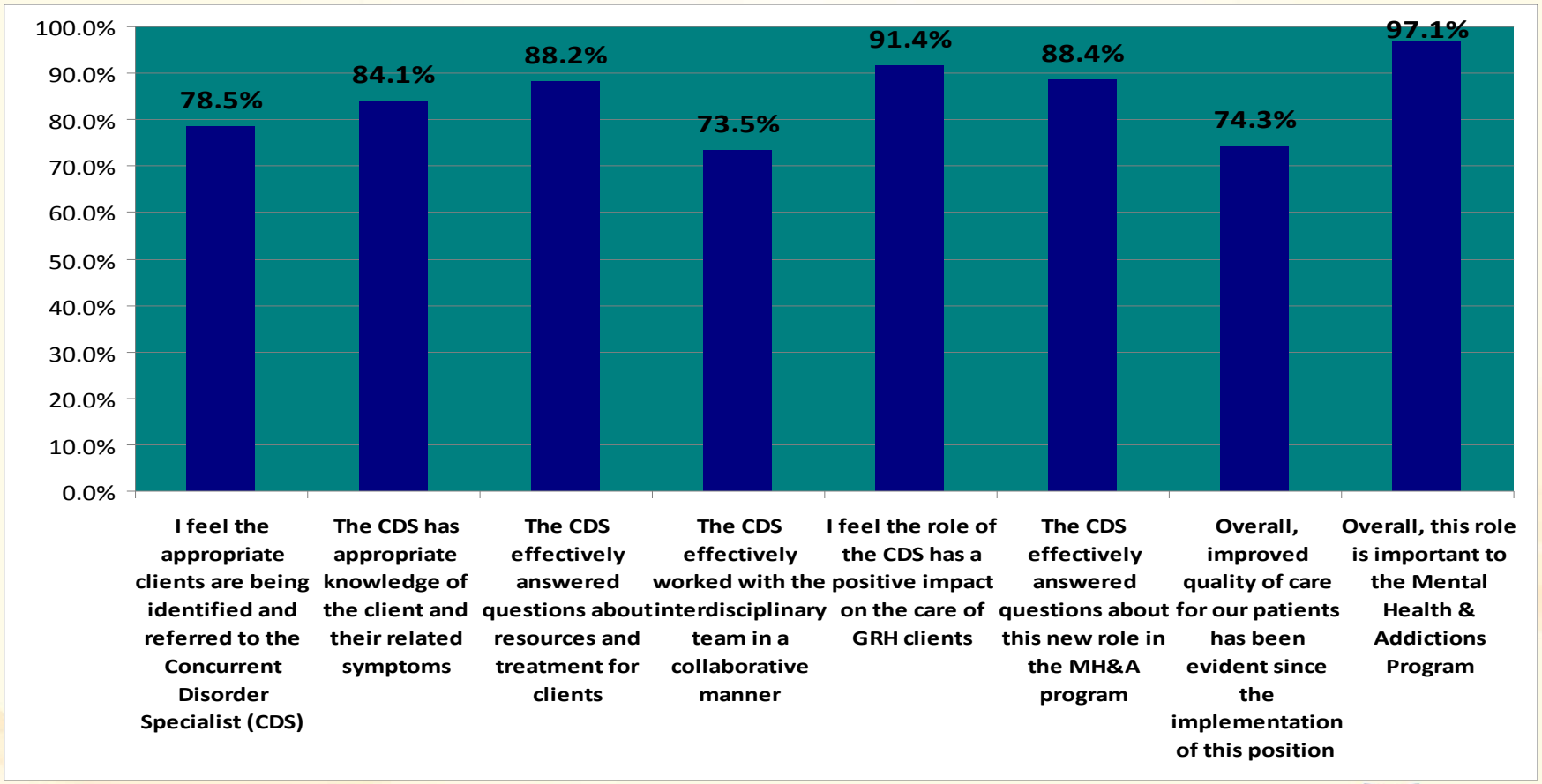
Staff Survey Results

Staff Survey (sample characteristics):

SMH	52.7%
AIMH	47.3%
Nursing	41.9%
Allied Health	36.5%
Physicians/Psychiatrists	8.1%
Other	13.5%
Direct Contact with a CD Client	Yes – 74.3% No – 21.4% No access – 4.3%
Direct Contact with the CD Specialist	Yes – 74.3% No – 21.4% No access – 4.3%
Attended Skill Refresher Days	Yes – 65.7% No – 34.3%
Attended Mini-Education Sessions	Yes – 65.7% No – 31.4% No access – 2.9%

Staff Survey Results

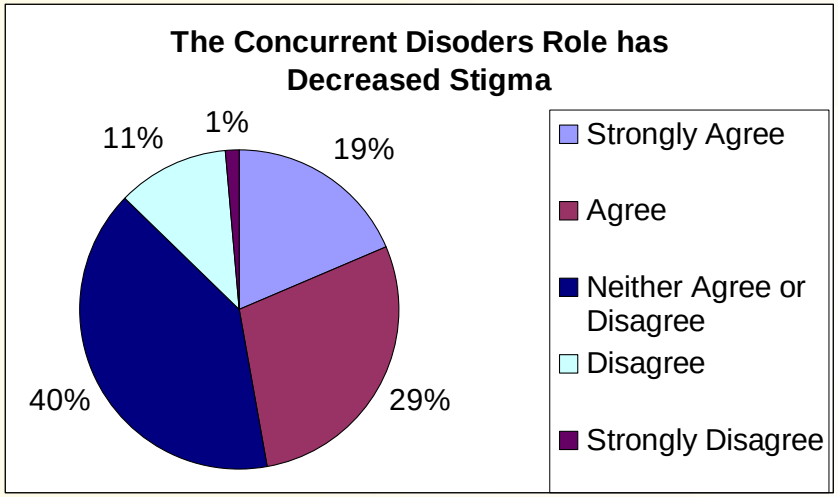
Percentage that Strongly Agreed or Agreed



Challenges

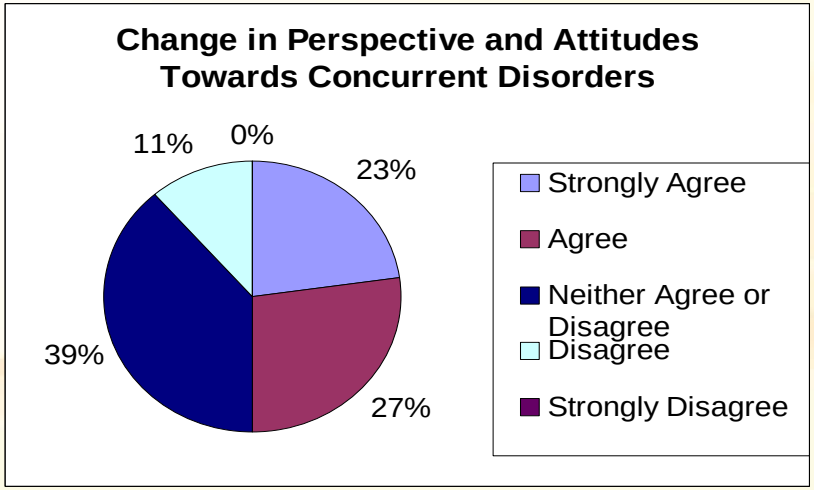
- The Concurrent Disorders role is new within the past year and it remains early to assess the full impact on the Program.
- Baseline attitudes, perceptions, and stigma were not assessed prior to implementation of the Concurrent Disorders Role or provision of education; and mixed responses were received regarding impact of the role on these staff attributes

Challenges



"The CD specialist has done good work addressing outdated modes of thinking. She has also had a positive impact in reducing the judgment passed by staff and patients, and in some cases the judgment clients feel towards themselves"

"CD specialist plays an important role in reducing stigma through their own personal, professional stance in addressing the issues pertaining to CD as well by designing, organizing and providing educational opportunities to staff."



Lessons Learned

- The role has been received positively since the launch, and continued staff collaboration and investment in provision of integrated care is key in achieving improved outcomes.
- Different role responsibilities between acute and tertiary care create tensions and lack of consistency that staff would like resolved.
- Time, workload, and staffing constraints limit access to educational opportunities and hinder capacity building efforts.

"It is reassuring to family and friends that there is a focus on concurrent disorders. Previously, families felt that providers were reluctant to treat people with concurrent disorders."

Future Directions

- Client input and feedback through survey and/or focus groups.
- Collect longitudinal data and assess the impact of role on stages of change, length of stay, and readmission rates.
- Implement pre- and post- learning assessments for educational opportunities.
- Develop the capacity building role to include provision of intermediate and advanced knowledge on concurrent disorders and practical application of integrated care.

Future Directions

- Advocate for more concurrent disorders specialist roles across the Mental Health and Addictions program.

- Streamlining services across the Mental Health and Addictions Program beyond the scope of AIMH and SMH.

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