Background

• The concept of concurrent disorders, also known as “dual disorders” is defined as the co-occurring need for treatment of a substance use disorder and a non-substance use mental health disorder.
• Treatment for those suffering from a combination of severe substance use disorder(s) and severe non-substance use mental health disorder(s) should be provided in an integrated manner, by a multidisciplinary team working collaboratively in one institution (1). Examples of clinical applications of this concept have remained quite limited.
• The Burnaby Centre for Mental Health and Addiction (BCMHA) is a 100-bed inpatient treatment facility for British Columbians, operating under an integrated multidisciplinary care model. There have been changes in the population treated and approaches to service provision have continued to be adapted.
• The treatment provided within BCMHA includes pharmacological stabilization and treatment; and psychosocial interventions primarily based on a group therapy format. Up to 70 different groups per week are offered through a treatment model that contains overlapping domains of healthy living (i.e., physical wellness), psychosocial wellness (i.e., cognitive, emotional, and behavioural functioning), and skills development (i.e., leisure activities). Groups are based on best practices, such as Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, Seeking Safety, Matrix, Metacognition and Motivational Interviewing.

A 2013 study of BCMHA included baseline data collected from June 2009 until January 2010, and follow-up assessment data from December 2009 until March 2010 (2).

On April 4, 2016 a public health emergency was declared in B.C. following spikes in opioid-related and total overdoses, which were largely attributed to the emergence of fentanyl (3).

• There has also been a provincial change of preference from crack cocaine to the cheaper, longer-acting crystal meth (4)(5).
• BCMHA continues to develop and adapt its program and infrastructure. Longitudinal data is needed to continue to represent only 5.9% (270,585/4,560,240) of the BC population (6). The Asian population continues to be underrepresented in mental health care, reflected by their underrepresentation at BCMHA.

Methods

• A cross-sectional assessment of substance use, mental health, health care service utilization history, and quality of life took place at BCMHA.
• All participants had severe concurrent disorders and had been previously unsuccessfully treated by their local health authority.
• From January 2018 to March 2020 data was collected during appointments, which consisted of recruiters reviewing a consent form with the participant and the participant completing a self-administered survey on an electronic tablet.
• Participants received a $10 gift card as honorarium.
• Participants further completed: Symptom Checklist-90-Revised (SCL-90-R), Maudsley Addiction Profile, and Childhood Trauma Questionnaire (CTQ-SF).
• Descriptive analyses were done to describe the sample for all the sociodemographic and clinical variables.

Results

Conclusions

• BCMHA is the first integrated multidisciplinary inpatient recovery and tertiary treatment centre of its size focused on severe concurrent disorders.
• The population has become somewhat younger and more educated, representing a more diverse population. Concerning is the increase in the aboriginal population from 21.7% to 25.2%, as aboriginals continue to represent only 5.9% (270,585/4,560,240) of the BC population (6). The Asian population continues to be underrepresented in mental health care, reflected by their underrepresentation at BCMHA.
• The findings from this study showed that a very high proportion of this population lived in substandard housing or were homeless and reemphasized the importance of social and housing support in recovery. Established clinical community support has become a prerequisite for intake, due to community teams previously declining to take on patients discharged from BCMHA.
• The 2013 study identified a remarkable polysubstance use rate with a high rate of stimulant use. The findings from this study showed that a very high proportion of this population lived in substandard housing or were homeless and reemphasized the importance of social and housing support in recovery. Established clinical community support has become a prerequisite for intake, due to community teams previously declining to take on patients discharged from BCMHA.
• The greatest increase was in crystal meth, which replaced crack as the most common stimulant.
• Fentanyl has started to replace heroin as the primary opioid. In the previous study, fentanyl was not reported as a substance used by any of the participants.
• Fentanyl has started to replace heroin as the primary opioid. In the previous study, fentanyl was not reported as a substance used by any of the participants.
• The greatest increase was in crystal meth, which replaced crack as the most common stimulant.
• BCMHA continues to develop and adapt its program and infrastructure. Longitudinal data is needed to better understand the impact of the program on individuals returning to their community.

Table 1: Participant's demographic characteristics.

Table 2: Prevalence of substance use, injection, syringe, and overdose.

References