Introduction

• High prevalence of childhood trauma among patients with co-occurring mental health and substance use disorders (SUD)\(^1\)
• Childhood trauma associated with long-term mental health complications\(^2\)
• Higher perceived quality care and treatment satisfaction consistent with improved outcomes\(^3\)
• Aim: To investigate the relationship between childhood trauma and perceived quality of care in patients undergoing drug use and mental health treatment

Methods

Participants

• 259 adult patients (ages ≥19) in tertiary care for co-occurring mental health and substance use disorders
• Recruited 1st month of admission
• Stable on medications

Measures

• Childhood Trauma Questionnaire – Short Form (CTQ-SF) to assess:
  • Neglect: emotional, physical
  • Abuse: emotional, physical, sexual
• NRI/MHSIP Inpatient Consumer Survey (ICS) to assess:
  • Outcome of care: deal effectively with illness and social challenges
  • Dignity: feel respected and treated with dignity
  • Rights: able to express disapproval about treatment and services
  • Engagement: feel involved in the treatment process
  • Environment: feel safe in the treatment centre
  • Empowerment: feel knowledgeable about illness to determine the best plan to recovery

Data Analysis

• Binary logistic regressions conducted individually on CTQ-SF subscales predicting ICS domains
• Covariates: Minimization/Denial subscale from the CTQ-SF

Results

Table 1. Demographics and diagnoses

<table>
<thead>
<tr>
<th></th>
<th>N = 259</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>36.3 ± 11.1</td>
</tr>
<tr>
<td>% Female</td>
<td>33.2%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>53.7%</td>
</tr>
<tr>
<td>First Nation</td>
<td>17.8%</td>
</tr>
<tr>
<td>Other</td>
<td>28.6%</td>
</tr>
<tr>
<td>Diagnoses</td>
<td></td>
</tr>
<tr>
<td>Psychotic Spectrum</td>
<td>66.3%</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>35.1%</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>30.0%</td>
</tr>
<tr>
<td>≥2 Substance Use Disorders</td>
<td>73.0%</td>
</tr>
</tbody>
</table>

Figure 1.

CTQ-SF Emotional Neglect

ICS Subscales

- Empowerment
- Environment
- Engagement
- Rights
- Dignity
- Outcome of Care

Odds Ratio

0.6 0.8 1 1.2 1.4

Figure 2.

CTQ-SF Physical Neglect

ICS Subscales

- Empowerment
- Environment
- Engagement
- Rights
- Dignity
- Outcome of Care

Odds Ratio

0.6 0.8 1 1.2 1.4

Summary

• Emotional neglect independently predicted poorer ratings across all ICS subscales (ps<.05) (Figure 1)
• Physical neglect independently predicted poorer ratings for outcome of care and dignity (ps<.05) (Figure 2)
• There were no other relationships between childhood trauma and inpatient consumer responses

Conclusion

• Childhood neglect but not childhood abuse associated with greater likelihood of having negative perceptions about quality of care
• First data to suggest history of childhood neglect is linked to potential treatment challenges in patients with co-occurring substance use and mental disorders
• Further investigation is needed to assess past childhood neglect and quality of care as they relate to outcomes in treatment

References


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