Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

Mental Health and Substance Use Disorders: Why we need an integrated system of care

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The tota ubstance use i to be n

Contributions to total costs:

Alcohol = 40%

Tobacco = 23%

Opioids = 14%

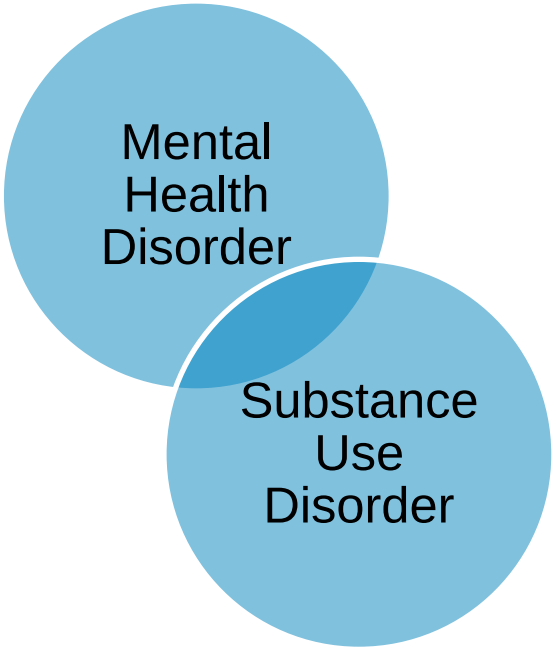
Cocaine = 9%

Cannabis = 5%

Canadian Substance Use Costs and Harms Scientific Working Group. (2023). *Canadian substance use costs and harms 2007–2020.* (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction

Concurrent Disorders

- People with substance use health problems have higher rates of mental health problems than the general population
- People with mental health problems have higher rates of substance use problems than the general population



Concurrent Disorders

- 30-50% of adults with a mental health disorder have a co-occurring SUD
- Among those with a SUD, approximately 50% have a concurrent mood or anxiety disorder (past year; nearly 90% in some clinical populations)
- Females with SUD have higher prevalence of concurrent disorders than males
- Young people age 15-24 are more likely to report mental health and/or substance use problems than other age groups
- Prevalence of concurrent disorders have increased over time

Mental health and substance use (MHSU)

Around

50%

People with frequent ER use for MHSU **have both conditions**

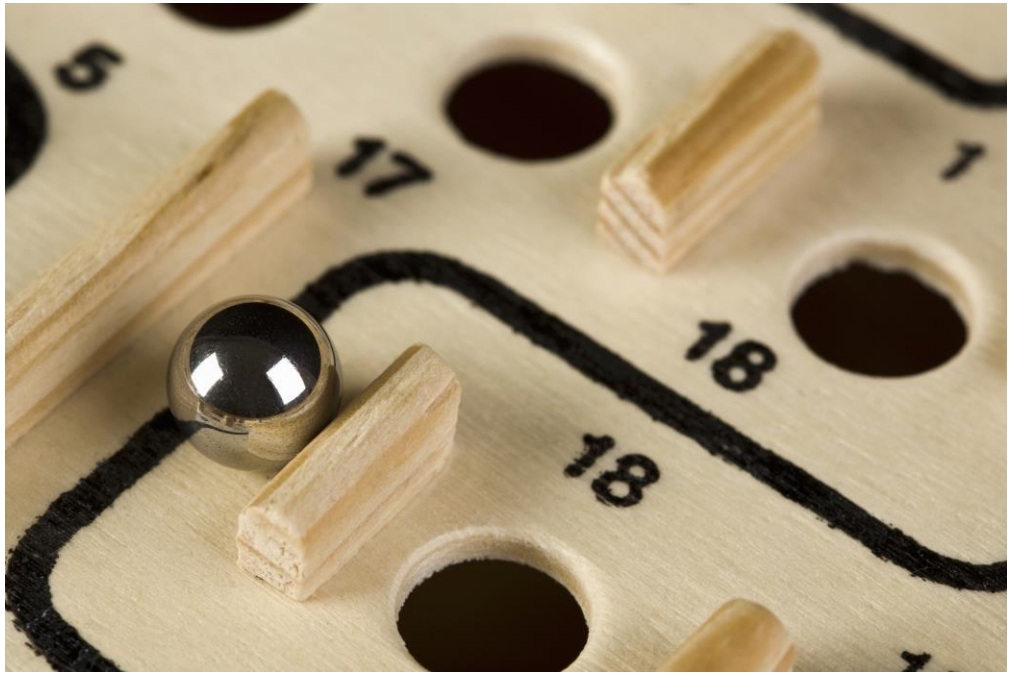
Source: CIHI, 2024.

Many people in need of treatment for substance use health concerns do not get it

People with concurrent substance use health and mental health concerns are even less likely to get treatment

Mismatched Care Even When One Gets Care

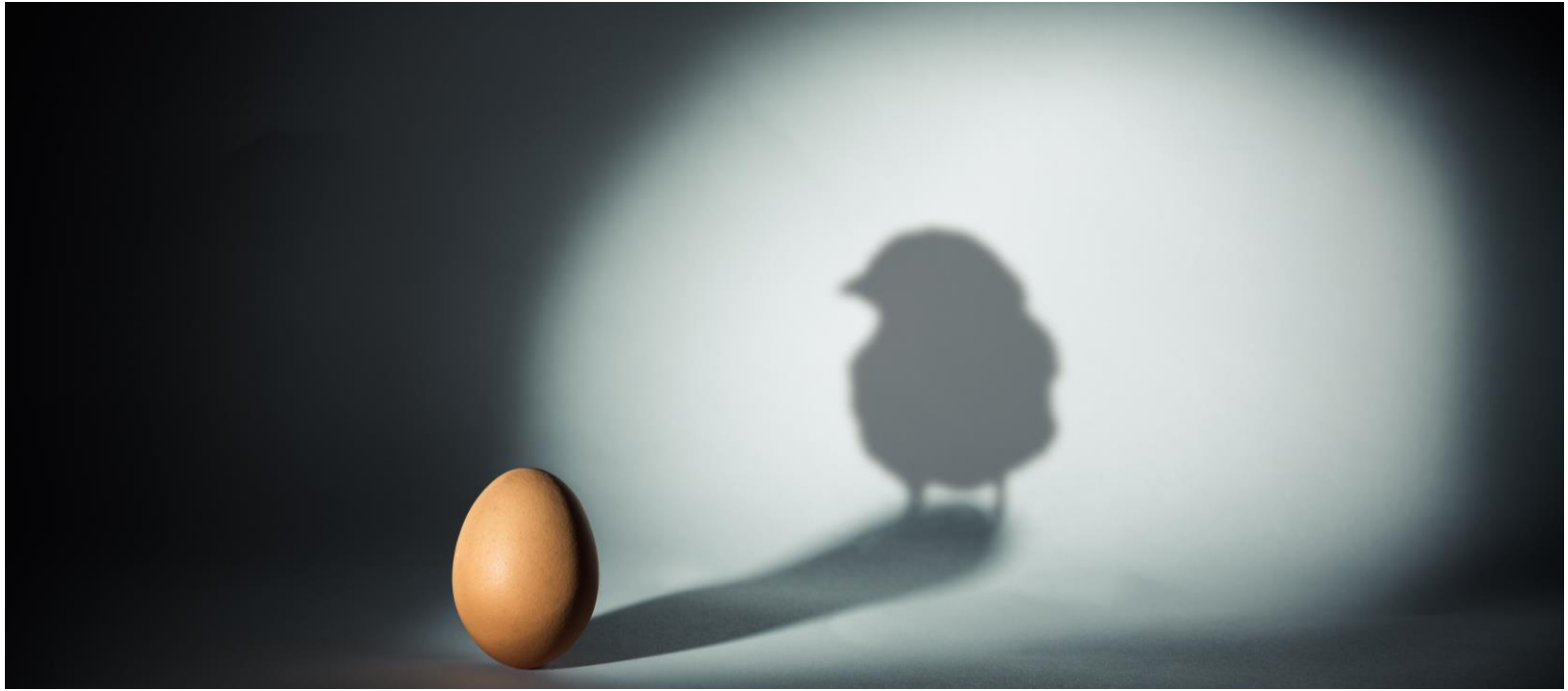
Clients with CD are 10 X's more likely to receive less care than needed (≥2 levels below recommended)



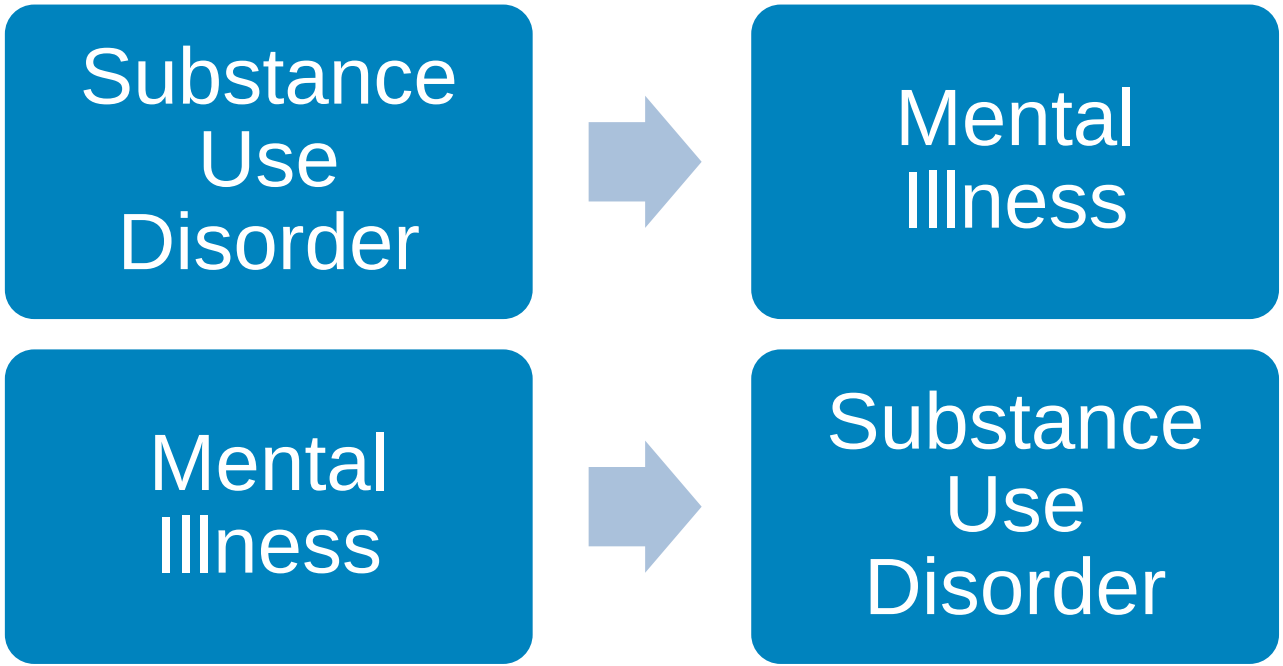
People with Concurrent Disorders…

- Worse mental health
- Higher service utilization
- Higher unmet needs
- Poorer outcomes

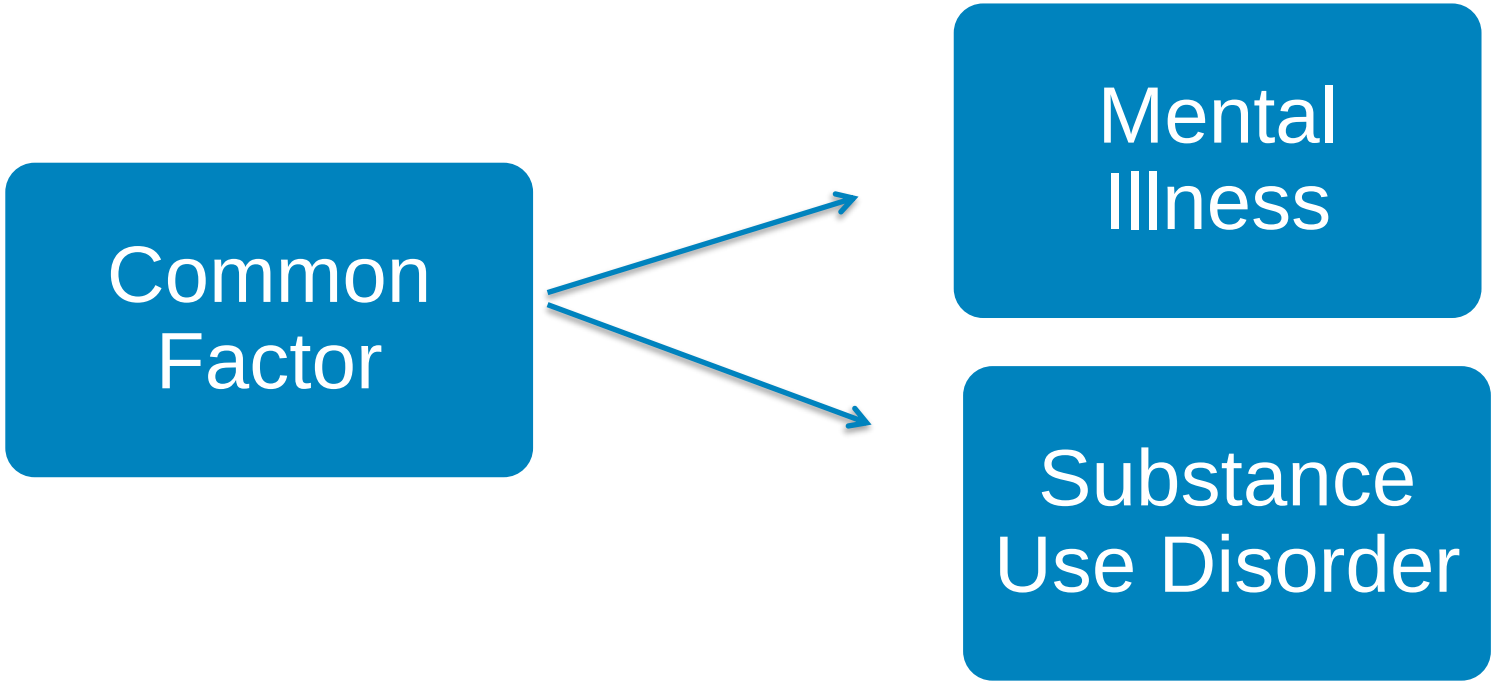
So what came first?



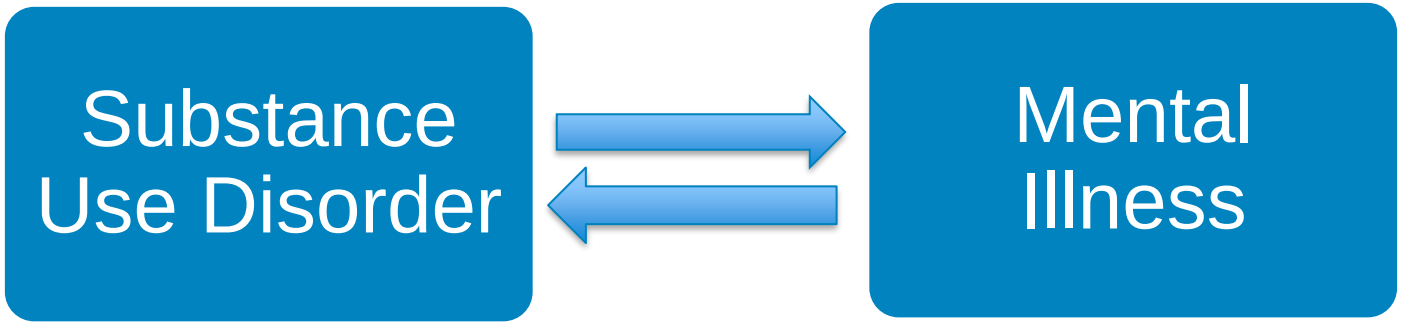
MH and SUD: Secondary Models



MH and SUD: Common Factor Models



MH and SUD: Bidirectional Model



Example: Cannabis Use and Psychosis

- Substantial evidence for association between cannabis use and psychosis
  - Highest risk related to regular, frequent use
  - Increase risk for developing psychotic symptoms and psychosis
- Higher potency cannabis linked to increased risk of psychotic symptoms and earlier onset
- Risk may increase when use initiated before 16 years
- Those prone to psychosis (i.e., family history of psychosis) are more vulnerable to effects of cannabis– at greater risk of developing psychosis
- Those with cannabis use disorder and cannabis-induced psychosis at a higher risk of schizophrenia than the general population
- Causal link remains to be shown

What about physical health?

- Higher risk of infections and infectious diseases (HIV, Hepatitis C)
- Increased risk of chronic diseases, such as CVD and diabetes
- Treatment non-adherence
- Unmet medical needs
- Increased ER visits, hospital admissions
- Premature mortality

It's all interconnected

Gender

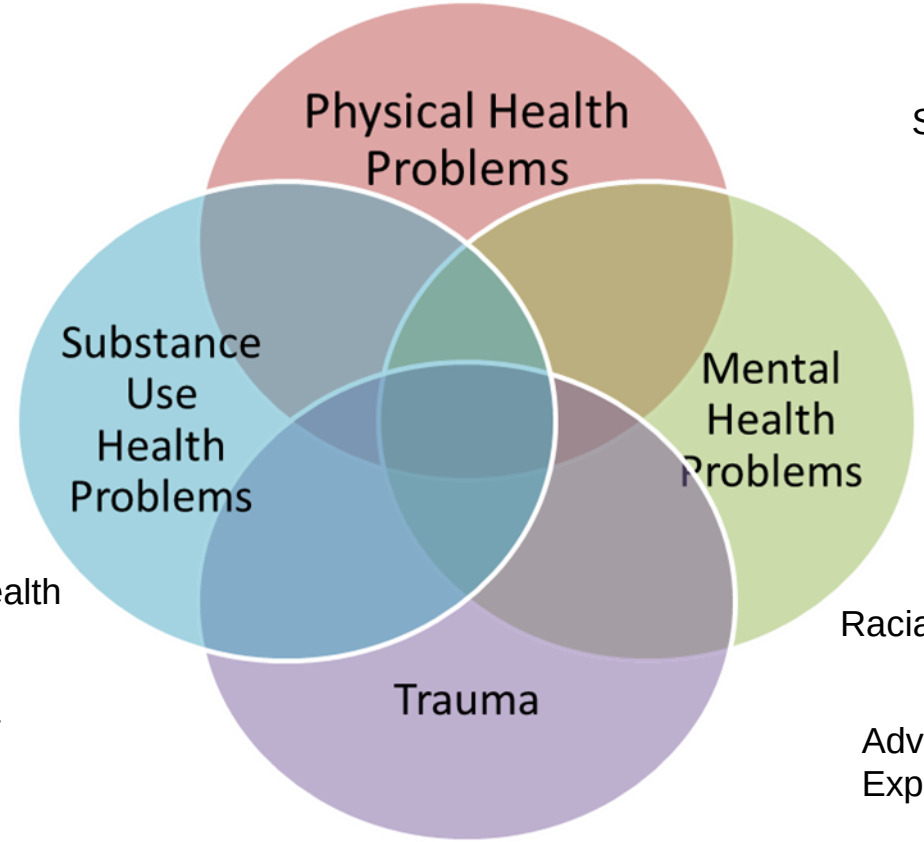
Poverty

Age

Disability

Lack of access to health care

Stigma



Systemic discrimination

Sexual orientation

Housing

Incarceration

Racial discrimination

Adverse Childhood Experiences

A client and family's story….

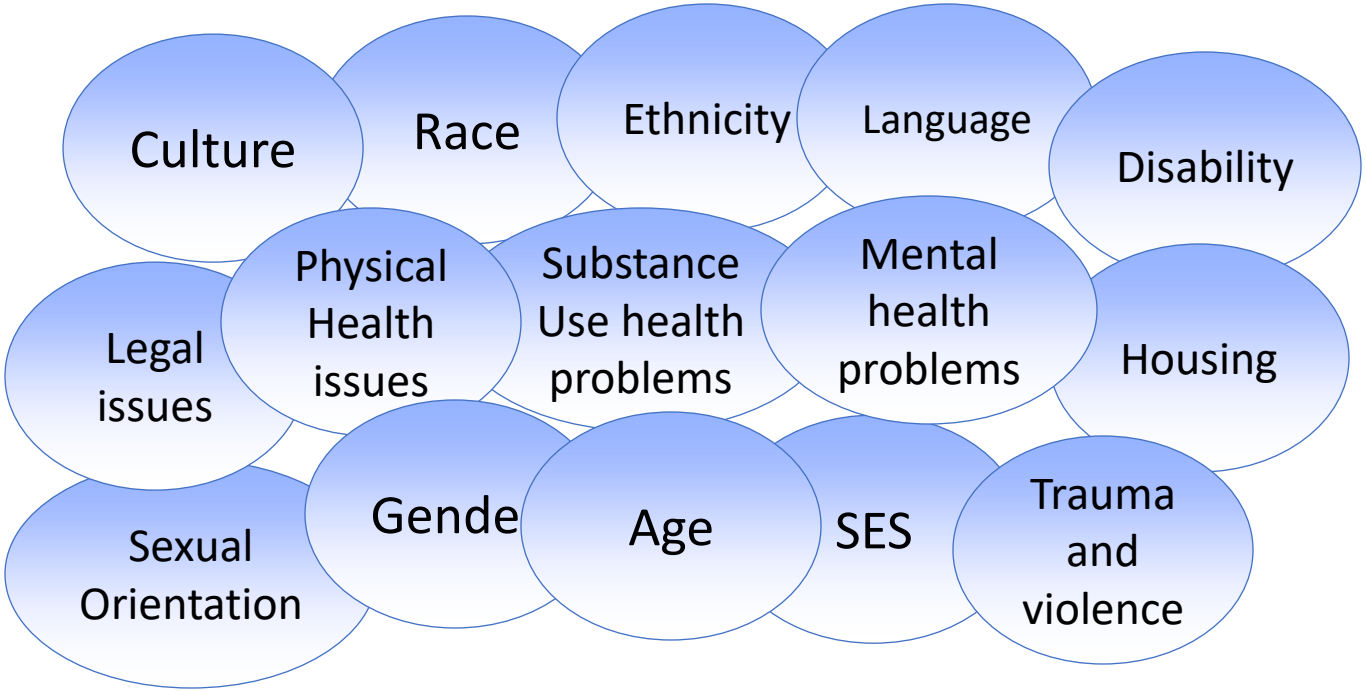
- 23 year old female with long history of:
  - Severe depression
  - Suicidality
  - Severe polysubstance use disorder
  - Trauma
  - Diabetes
- Did not complete high school, never employed, "couch surfing"
- Family is very supportive but feeling hopeless

How well can our system serve this client?

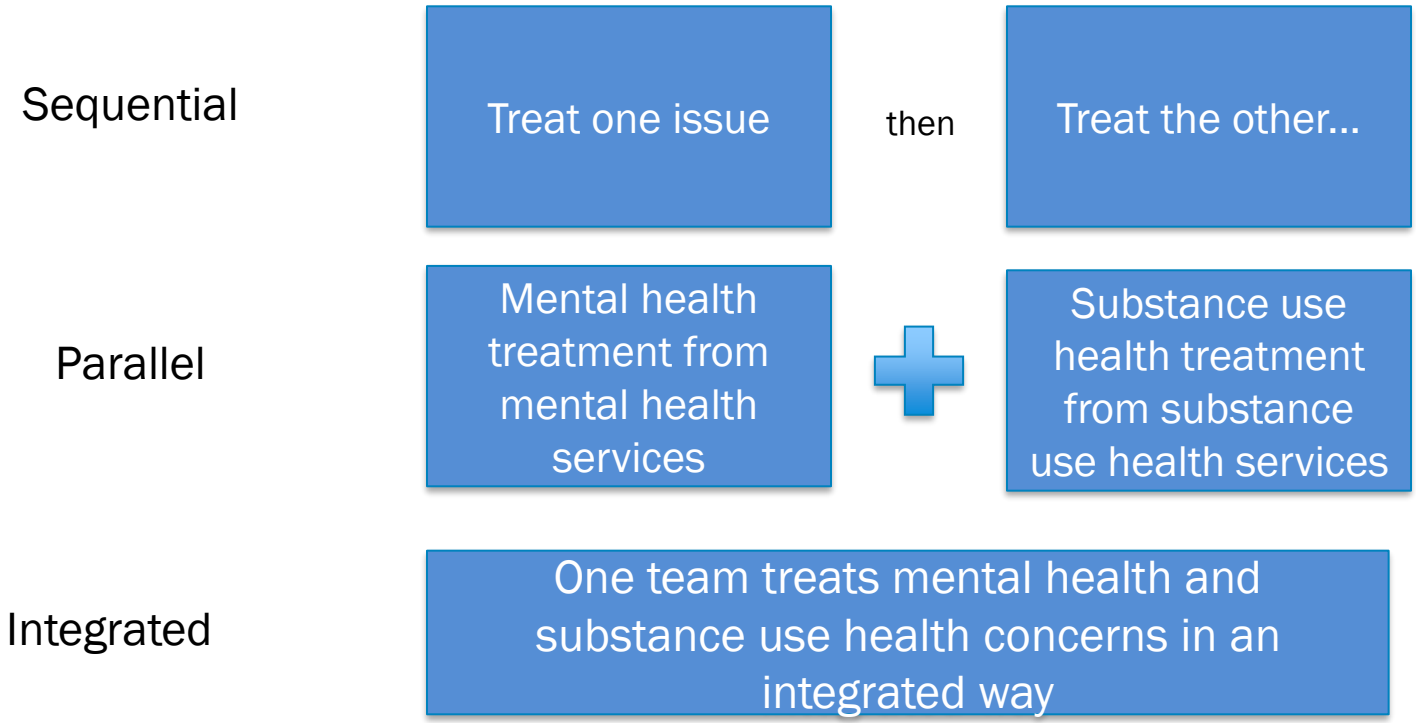
A client and family's story….

- Involved in mental health system over 8+ years
- Never "fit" in any program
- Conditions have become life threatening due to complex interplay of co-morbidities
- ER and acute care admission, but gets discharged due to substance use….

Stigma is a barrier to care



Integrated Treatment is the Gold Standard



Adapted from Corace, K. Baitz, H., Fulton, H., McKee, S, & Overington, L., IOS 2017

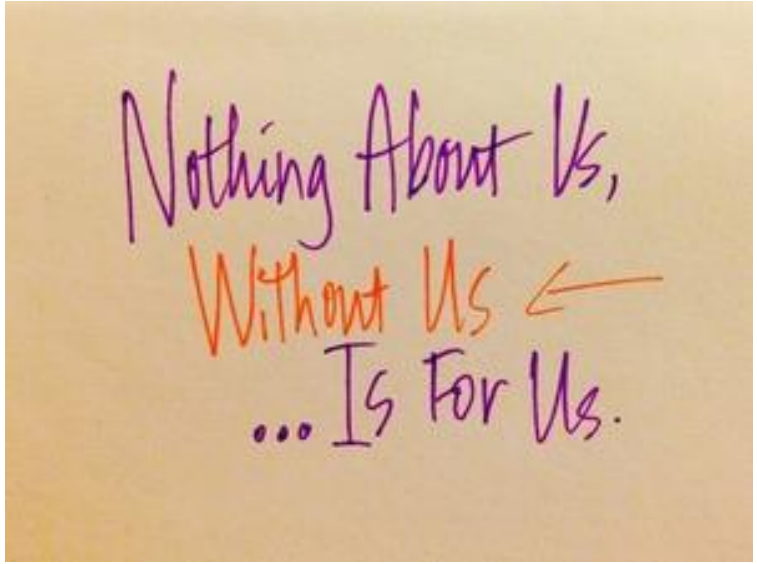
Evidenced Based Components of Integrated Treatment

- Comprehensive Treatment
  - Psychosocial, pharmacological, and medical
- Motivation-based treatment
- Trauma informed care (universal precaution)
- Multiple psychotherapeutic modalities
- Harm reduction

Key ingredients for system integration

We need to bring care to where people are rather than only bring people to where the care is, with various levels of intensity based on a stepped care model:

- Interprofessional collaboration
- Digital health solutions
- Virtual care
- Capacity building
- Education and training
- Measurement based care and outcome monitoring



Partnership and co-leadership with people with lived expertise people with lived expertise is key to reducing stigma, and to meaningful research, service delivery, and system change

Thank you

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