

Asia Problem Gambling Forum 2011

Introduction to Co-existing Problems (CEP)

ABACUS

Counselling, Training and Supervision Ltd



What are Co-existing Problems? (CEP)

- Someone attends a community mental health service (or is inpatient) and has problems with alcohol and/or other drugs
- Someone comes to an alcohol or drug or problem gambling service & also has mental health problems
- Someone comes to a mental health or AOD service and also has gambling problems
- Someone has mental health and AOD problems, gambles, and smokes cigarettes
- Any combination of all of the above

Why learn about Co-existing Problems (CEP)?

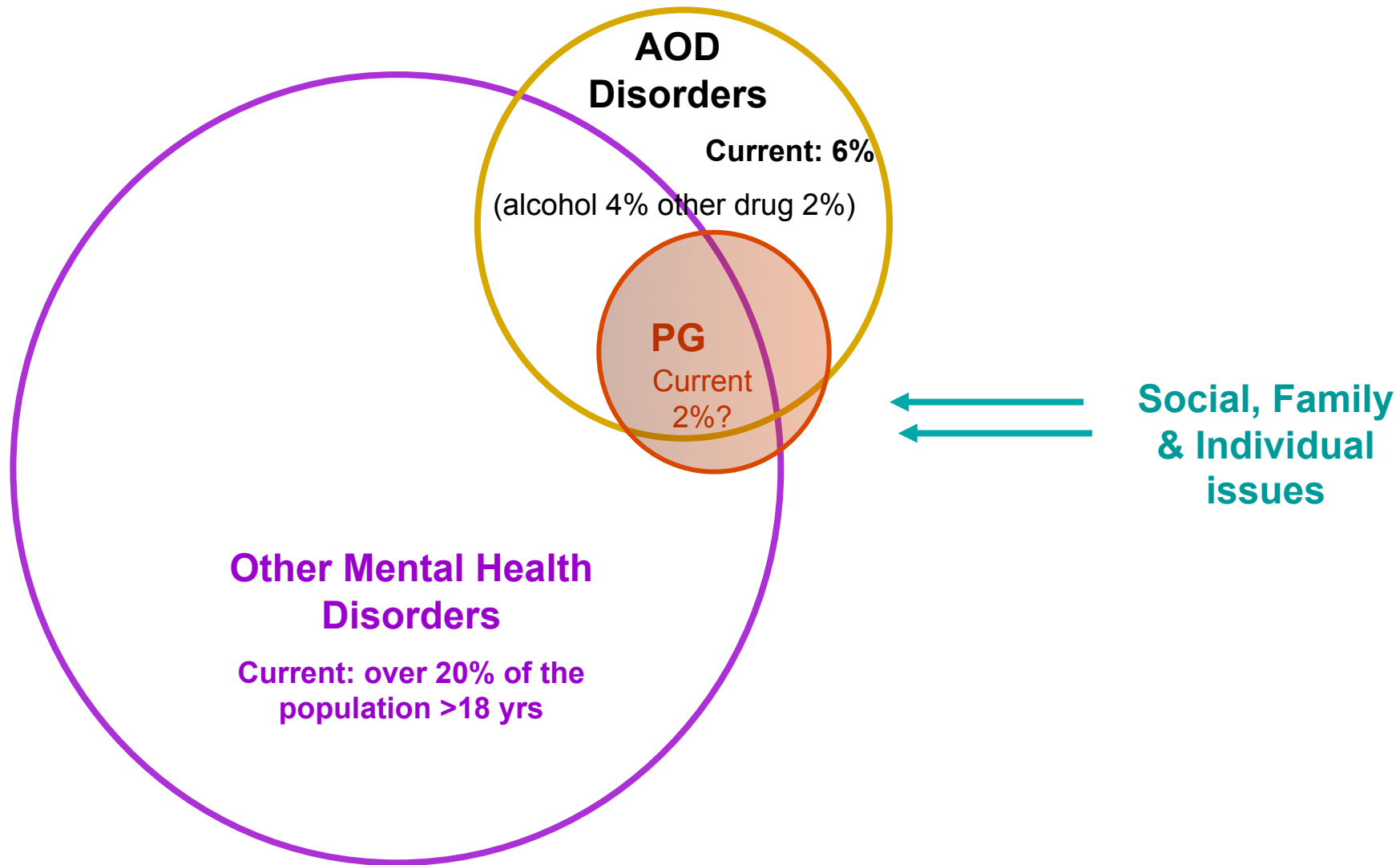
- MoH policy: “Any door is the right door” (Clients could come to any ‘specialist’ service but still leave with other problems and we don’t want them falling through the cracks)
- ‘Dual’ diagnosis assumes two problems but reality is there can be many
- Mental health and ‘addictions’ (can be many types – substances (alcohol & other drugs), smoking, food, and behavioural – Problem Gambling, computer, sex, internet pornography, shopping, etc

Co-occurring MH conditions & addictions

Mental health and addiction issues commonly co-exist, causing significant impairment or distress:

<i>MH Disorders</i>	<i>Addictions</i>
Schizophrenia	Alcohol
Bipolar	Cannabis
Major depression	Cocaine
PTSD	Opiates
OCD	Benzodiazepines
Complicated grief	Amphetamines
Anxiety	Methamphetamine
Personality disorders	Problem Gambling

Problem Gambling Embedded



Increased Risk in PG

Disorder	General Population	PG (lifetime)
Depression (any affective)	8.3%	49.6%
Anxiety	14.6%	41.3%
Drug (abuse/dependence: not alcohol)	6%	38%
Alcohol (abuse/dependence)	13.5%	73%
ADHD	3-7%	20%
OCD	2.5%	10-20%
ASPD	3%	23%
Paranoid PD	0.5-2.5%	25%
Schizophrenia	1.5%	3-5%

Relationships of co-existing disorders

- AOD and MH are risk factors for each other
- Mental illness symptoms heightened with AOD use (head injury especially)
- MH problems become more problematic with AOD use
 - problems develop faster;
 - symptoms more intense and severe;
 - less responsive to treatment;
 - relapse more likely

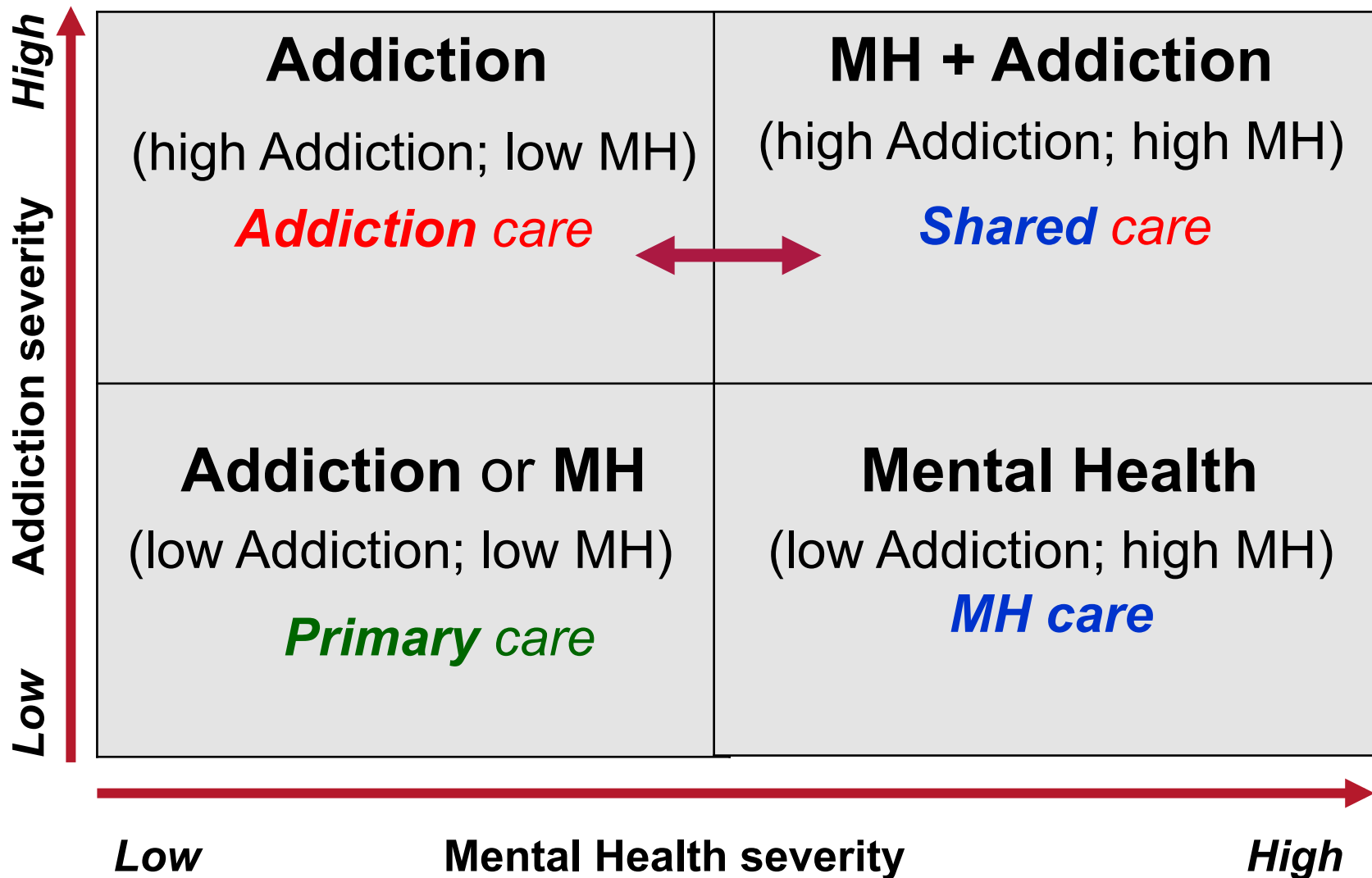
Addressing addiction issues with MH clients (CEP)

Possibilities are

- **serial** -one problem treated before others
- **parallel** -both treated at same time but separate and distinct services, and
- **integrated** -addiction and MH problems addressed in a single service by the same health professionals

The integrated treatment model is widely considered superior for people with CEP

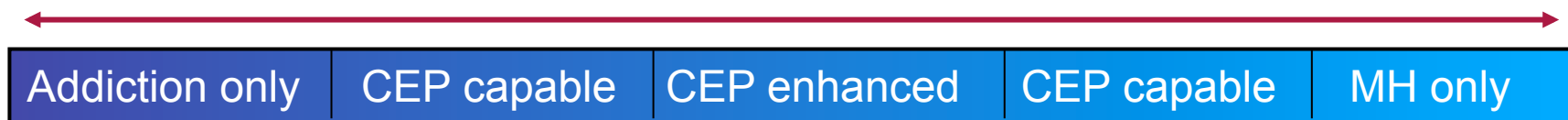
Involve MH support or not? (Minkoff 2000)



When addiction & co-existing MH

- *Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health & Substance Use Problems 2010 (MOH)*
- *Integrated Solutions: Service Delivery for People with Co-existing Mental Health and Addiction Problems (MOH)*

Continuum of service capability to deliver integrated care



Conclusion

- CEP is the rule rather than the exception
- Address cultural considerations, well-being, engagement, motivation, assessment, management, and integrated care
- Obtain information from a wide number of sources
- Match the speed and focus of the therapy to the ability of the individual tangata whaiora
- Work with other services to deliver the treatment plan, when these cannot be provided in-house