



CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

April Newsletter

Highlights from This Month's Newsletter

- Community of Practice and Education, Page 3
- Principles for Treating Youth with Substance Use Disorder and Co-occurring Psychiatric Disorders, Page 1
- Creating Connection and Reducing Stigma for Men Experiencing Mental Illness, Page 1
- Association Between Food Insecurity and Mental Health Concerns for Youth, Page 2
- Cannabis Column – Alcohol Use by Youth Participating in Cannabis Abstinence, Page 2
- Clinical Corner— Addiction Counsellor Perspective on “Open-Access” Model for Treating Opiate Use Disorder, Page 2
- Post-traumatic stress, anxiety, and depressive symptoms in caregivers of children tested for COVID-19 in the acute phase of the Italian Outbreak, page 3
- Our Team, Page 3
- List of Returning Programs, Page 4

Principles for Treating Youth with Substance Use Disorder and Co-occurring Psychiatric Disorders

There is evidence showing that 50% of youth ages 18-25 experience at least one co-occurring psychiatric disorder alongside Substance Use Disorder (SUD), with potential outcomes worsening for those with SUD while having the addition of a psychiatric disorder.

In response to this, a working group from Boston Medical Center's Grayken Center for Addiction provides three principles and supporting guidelines to help ensure that treatment for co-occurring psychiatric concerns and substance use disorder are treated together.

1. Young adults should receive integrated mental health and addiction care across treatment settings

- Care should be provided from multi-disciplinary providers, with providers collaborating with one another to streamline and enhance care at individual and systems levels

2. All care should recognize and respond to trauma and other adverse childhood experiences

- Both trauma-informed and trauma-specific services should be made available by service providers
- Ongoing assessments on trauma exposure and safety planning should be completed

3. Treatment programs should routinely assess and evolve to fit the needs and goals of young adults

- Needs and goals can be complex and changing, which requires service providers to continue assessing for changes
- Use of evidence-based strategies to increase motivation and build rapport, while working to reduce barriers that hinder accurate assessments

[Click Here](#) for the full article

Creating Connection and Reducing Stigma for Men Experiencing Mental Illness

Stigma regarding mental illness is an area in which there is more education being provided, however, is still prevalent in society, and is impacted by perceptions around gender and the concept of masculinity. Statistics show that 77% of men have experienced some form of anxiety, depression, or stress, and 40% state that it would take thoughts of self-harm or suicidal ideation to reach out for help from someone in a professional role. Suicide rates are three times higher for men compared to women in Canada.

The founders of the app, Tethr, recognized these concerns and created an app to acknowledge the struggle that men experience with mental health and shift views around reaching out for support. The app works to help foster connection between men through peer support, which for many, might be the first time they have reached out. Creating connection is identified as a way to providing hope and openness towards receiving support.

Tethr is a free app that:

- Provides a safe, accessible, and inclusive platform for men to share experiences and successes, while supporting one another
- Offers peer support through group forums and direct messaging
- Holds weekly sharing circles and monthly events
- Is available on Google Play and the App Store

[Click Here](#) for the article and to access to the App

*Within you
there is a
stillness and a
sanctuary to
which you can
retreat at any
time and be
yourself.*

—Hermann
Hesse



Cannabis Corner

Alcohol Use by Youth Participating in Cannabis Abstinence

With high rate of cannabis use amongst youth, there has been a large focus on strategies to promote reduced use for teenagers. There is importance in exploring the potential for unintended negative effects when a youth decides to make changes to their cannabis use.

This study considers the impact of cannabis abstinence on alcohol consumption for youth not looking for treatment or to make changes in their cannabis use. The study divided its paid participants in half, with one group requiring monitored abstinence from cannabis and the other group having no restrictions.

Outcomes included:

- 89% of participants in the monitored abstinence group had sobriety for the entire 4 weeks
- Large variability was shown in alcohol use, with 64% of those randomized to abstinence experiencing a mild increased rate and increased amount of alcohol intake and 23% reporting a decrease in alcohol use
- Increased rates were less than one additional drinking day in a week, and from one drink per week to 1.2 drinks in the first week of cannabis abstinence
- Alcohol use for those requiring cannabis abstinence remained higher after the highest point of cannabis withdrawal and returned to baseline once the participant returned to cannabis use
- No changes in alcohol use for those not requiring cannabis abstinence

This is one of the first studies on alcohol use in youth when monitored for cannabis abstinence. It recommends further studies with a focus on whether the small increase is riskier than maintaining cannabis use, and to use larger sample sizes to understand further who is more at risk for the increase.

[Click Here](#) for the full study

Association Between Food Insecurity and Mental Health Concerns for Youth

Food insecurity is a challenge that families experience at high rates. While there are strong connections to the negative impact of food insecurity on mental health, there is limited research on how youth are impacted by a lack of access to healthy, full diets.

A study that sampled youth from cycles of the Canadian Community Health Survey considered the association between food insecurity and mental health concerns. The outcome of the research was that 1/7 youth experienced some level of food insecurity, with all rates of all mental health issues included in the study increasing progressively as severity of insecurity increased. The association was more significant for young adults compared to adolescents and were not specific to any identified demographic included in the study. The connection between the two aligns with previous links made regarding the social and psychological aspects of poverty which extends to further factors beyond low income.

The study makes recommendations specific to addressing food insecurity to positively impact youth mental health. They recommend that interventions should be structured within policy and should focus on severe food insecurity amongst families. Increasing financial support to families has been shown to lower insecurity. It is important for policy makers and healthcare practitioners to consider insecurity as a risk factor for mental health concerns, and by improving interventions and programs, they can help create long-term health benefits for youth.

[Click Here](#) to see the full study

Clinical Corner

Addiction Counsellor Perspective on “Open-Access” Model for Treating Opiate Use Disorder

The standard of care for supporting individuals with Opiate Use Disorder is the use of methadone, buprenorphine, or naltrexone. In order to increase access to this treatment, the “open-access” model has been found to be effective. Within this model, clients are quickly started on methadone maintenance treatment and provided access to medical and counselling services. Clients are provided drop-in groups and work with a team of counsellors, rather than an individual worker. When 31 addiction counsellors from the United States gave perceptions of the positives and negatives of scaling up treatment within this model, the following themes emerged:

Clinician Themes

- Lack of caseload considered beneficial to client care and work-life balance
- Shared responsibility for clients
- Further engagement in groups due to client’s choice, rather than being scheduled
- Increase in clients and higher acuity
- Potential for inconsistent workloads

Client Themes

- Allows for autonomy and choice
- Logistical benefits including no waitlist, no scheduled meetings, and reduced barriers
- Concern that the lack of structure would be difficult for some clients to navigate and different from their potential previous therapeutic experiences

Community Themes

- Allows for perceived benefits such as lower overdoses, mortality, and crime by providing access to care for those considered more vulnerable in the community
- No disadvantages noted by counsellors

The study recommends furthering the research by considering the client experience of treatment programming that uses the “open-access” model.

[Click Here](#) to access the full article

Post-traumatic stress, anxiety, and depressive symptoms in caregivers of children tested for COVID-19 in the acute phase of the Italian Outbreak

The COVID-19 pandemic has not only physically impacted many populations, but also represents a severe threat for their mental health.

A study was conducted examining the psychopathological symptoms in caregivers of children tested for probable COVID-19 infection in Italy during the acute phase of the pandemic, with an emphasis on PTSS, anxiety and depressive symptoms. The outcome of the research was that 39.6% of the parents who participated reported moderate to severe PTSS, 40.6% reported moderate to severe anxiety symptoms, and 24% reported to have experienced moderate to severe depressive symptoms. Rates for both anxiety and depressive symptoms were significantly higher among parents who had a child tested positive for COVID-19, as well as parents who suffered economic damage due to the COVID-19 emergency as opposed to parents who did not. Also found was an association between socio-economic status and mental health incomes, which is in line with other research on individuals who have suffered financially due to COVID-19

The study brought to light a worsening in the mental health outcomes of parents caring for children infected with COVID-19 in the ongoing COVID-19 pandemic. The presence of these symptoms may further lead to imbalances in family units. Health care systems and the public should be aware of possible negative mental health outcomes and vulnerable populations during the ongoing pandemic. The authors recommend that more research is needed to develop evidence-based strategies to reduce adverse psychological impacts and related psychiatric symptoms in caregivers of children infected with COVID-19.

[Click Here](#) to access the full article

Your CD Capacity Building Contacts

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Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging

***Updated evening/night coverage for ED/PES: Monday to Thursday 8:00pm-6:00am, Saturday and Sunday 12:00pm-12:00am.**

SJHH Intranet: <http://mystjoes/sites/Depts-A-L/concurrent>

External Website: <https://www.cdcapacitybuilding.com>

Virtual Drop-In Group Information

We are happy to have all of our drop-in groups now running virtually through ZOOM!

Below are the times and a brief description of the group offered by the Community Psychiatry team at W5th

All ZOOM links found at cdcapacitybuilding.com

Mondays 1:30-2:30pm Moving Forward Skillfully * No Referral Required *

- A weekly drop-in class with 6 different modules
- Start any week
- Learn skills from DBT including emotion regulation, distress tolerance, and mindfulness

Tuesdays 1:30-2:30pm SMART Recovery * No Referral Required *

- A drop-in self-help group for recovery from any type of addictive behaviour
- Groups are led by a clinician and volunteer with lived experience
- Limit of 8 participants per group

Wednesdays 1:30-2:30pm Steps to Recovery * No Referral Required *

- A drop-in self-help group with 6 modules to increase motivation to decrease substance use.

Last Wednesday of Every Month 6:30 – 8:30pm Friends and Family Night

- A group for loved ones of those with substance use, mental health or concurrent disorders
- Contains 4 modules on supporting loved ones, creating boundaries, and self-care

Thursday 1:30-3pm -ACT

- A weekly drop-in class with 4 different modules.
- Start any week
- Available to all clients in the Community Psychiatry Clinic with any mental health diagnoses
- Topics from ACT therapy include: mindfulness, clarifying values, committed action, fusion vs. defusion, control vs. willingness, acceptance as an alternative, and action planning

Monday 10-11:30 am PAWS

- Pick up a package and join any week!
- 6 different topic to help support and strengthen recovery: 1) education around post-acute withdrawal syndrome 2) Physical health exercise and nutrition 3) Mindfulness 4) Sleep hygiene 5) Budgeting and financial security 6) Self-care, balance and resiliency
- These 6 sessions provide us an opportunity to pause, reflect and build on our own foundations of recovery
- Please watch the video(s) listed on cdcapacitybuilding.com ahead of time



CONCURRENT DISORDERS FAMILY NIGHT

LAST WEDNESDAY OF EVERY MONTH: 6:30- 8:30PM

The Concurrent Disorders Family Night series is a 4-session group (Does Not have to be attended in order) that focuses on supporting families and loved ones of individuals with co-occurring substance use and mental health disorders. Family Night is largely based upon the therapeutic interventions of CRAFT (Community Reinforcement and Family Training) and ACT (Acceptance and Commitment Therapy).

**No Referral Required* Do not need to attend in order!*

St. Joseph's
Healthcare  Hamilton

**All loved ones, friends
and family members
welcome!**

**Week 1: Values, Recovery
and Acceptance**

**Week 2: Supporting
Yourself while Supporting
Someone with a
Concurrent Disorder**

**Week 3: Effective
Communication and
Support**

**Week 4: Motivating to
Make a Change**

**MORE INFORMATION AND
ZOOM LINK AT**

<https://www.cdcapacitybuilding.com/online-group-link>