

Background

People with complex concurrent disorders (CCD) comprise a small proportion of those with co-occurring mental and substance use disorder; however, they are some of the most frequent users of health, social, and forensic services. Despite frequent service use, people with CCD experience worse short and long-term outcomes.

Research Objectives

1. Explore the experiences of experts who treat and support individuals with complex concurrent disorders in various settings;
2. Examine perspectives on the systems of care for CCD in British Columbia (BC), with a focus on the Lower Mainland.

Data Collection

Face-to-face, semi-structured interviews have been conducted with 10 participants to date. Interviews were recorded and transcribed for analysis.

Participants included experts working in leadership/administrative roles (e.g., program managers) and care providers.

Data Analysis

Transcripts were analyzed using an inductive, thematic approach to identify initial codes.

Initial codes were then organized according to their topic area: the current systems of care, and improving systems of care.

Current Systems of Care for CCD

Fractured systems

Systems of care for CCD were characterized as atomized, uncoordinated services with “islands of integrated care” peppered throughout the province.

They are silos, they don't work together. This is exactly what is happening to mental health and addiction. Although they all do their work, do it well, they don't talk, and they don't have a collaborative mission or direction to follow right now, and nobody is asking them to do it either.

PHS13

Conflicting philosophies of care

Participants described how inconsistent approaches (e.g., harm reduction vs. abstinence) may exacerbate discontinuity of care; lead to distrust of the system and/or specific services; and result in contradictory treatment for individuals with CCD.

Prioritizing crisis

MHSU services primarily address acute health needs. There is a distinct lack of transitional care services following discharge from acute services, alongside a lack of preventative and supportive services. The focus on acute crises may leave people who are less conspicuously unwell out of the system.

Over-medicalization of care

Services are not equally responsive to social determinants of health, which may impact the efficacy of different treatments and interventions. Housing and healthcare issues are often atomized from a political and systems perspective, despite the impact homelessness has on health outcomes.

Improving Systems of Care for CCD

Unifying care

Participants suggested unifying disparate mental health and substance use (MHSU) services under a governing body that acts independently from political process (i.e., not the Ministry of Mental Health and Addictions) to ensure healthcare planning continuity.

Participants proposed centralizing intake and collocating MH and SU services to enhance treatment integration.

They also emphasized promoting greater collaboration between health, social, and forensic services.

And I do believe in housing first, and I think we are fooling ourselves if we think people can spend time in the acute system, and tertiary and other treatment facilities, and we can't match to have a healthy, good environment for them to go to and live in their community.

PHS12

Standardization of care

Participants advocated for the creation of province-wide standards of care to enhance continuity of care and equitable access to services.

Going beyond crisis

Participants prioritized creation of transitional and long-term, rehabilitative treatment services to support people following acute crises; proactive assertive treatments to mitigate patient contact with the criminal justice system; and peer-support programs to help engage patients that may mistrust the system.

They also proposed addressing social determinants of health as upstream approaches to health promotion and early prevention.

Table 1. Participant Characteristics

Total	10
Sex	
Female	4
Male	4
N/A	2
Profession	
Registered Psychiatric Nurse	3
Psychiatrist	2
Registered Nurse	1
Chartered Institute of Housing Professional	1
N/A	2
Focus Area*	
Mental Health	5
Concurrent Disorders	4
Housing	1
N/A	1

Note: *Participants could have multiple focus areas.

Conclusion

Current evidence demonstrates integrated care improves outcomes for individuals with CCD. Despite this, preliminary findings from our ongoing study demonstrate how currently, MHSU services are perceived to be delivered in a primarily sequential manner.

These findings also highlight that integration and collaboration must move beyond healthcare to include social and forensic services, to improve care for people with CCD.

Acknowledgement

This work is funded by the Canadian Institutes of Health Research and the Michael Smith Foundation for Health Research (MSFHR).

Selected References

Henderson, J. L., Chaim, G., Luca, S., Brownlie, E. B., Rosenkranz, S., Skilling, T. A., & Beitchman, J. H. (2015). Program manager perspectives on the service system to meet the needs of youth with concurrent disorders: findings from a Canadian national survey. *BMC health services research*, 15(1), 1-9. <https://doi.org/10.1186/s12913-015-1060-4>