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Mental Illness and Substance Use Disorders: Key Issues

Concurrent Disorders/Dual Diagnosis

The term 'concurrent disorders' – also known as 'dual diagnosis' – refers to the combination of a mental illness and substance use disorder. The issue of substance abuse is complex because the substance itself is not the problem so much as a person's relation to it: drinking a glass of wine or taking a painkiller on occasion can be beneficial or at least unproblematic. It is when the substance use creates life problems and/or becomes compulsive that it becomes an identifiable disorder – it is a matter of degree.

Concurrent disorders is much more widespread than many people realize: studies show that over 50% of persons with mental illness abuse illegal drugs or alcohol, compared to 15% of the general population. The relationship can be complex. Mental health problems can be a risk factor for substance use problems, and substance abuse can be a risk factor for mental illness. In the first case, a person may self-medicate with alcohol or drugs to temporarily relieve symptoms (e.g. insomnia, anxiety, racing thought patterns, etc.) of depression, anxiety disorder or other mental illness. In the second case, substance misuse or withdrawal can induce or worsen psychiatric symptoms such as depression, hallucinations or paranoid thought patterns.

There are also common risk factors for mental illness and substance abuse: poverty or unstable income, problems at work or school, lack of decent housing, family history, past trauma or abuse, and biological or genetic factors.

Impact of Concurrent Disorders

The combination of these life issues, mental illness, and substance abuse has a devastating effect as each contributes to the occurrence of the others in a vicious cycle. Persons with concurrent disorders tend to become marginalized members of society, often homeless and penniless.

At the same time, persons with concurrent disorders are more likely to come to the attention of police because of poverty, homelessness and behavioural issues. The substance abuse is often much more visible and identifiable, and may mask the presence of mental illness. Because the substance being abused may be illegal, or the behaviour resulting from concurrent disorders may be illegal and attributed to substance abuse, a person with concurrent disorders is more likely to receive criminal sanctions than treatment. Once the person has been criminalized in this way, law enforcement and the criminal justice system are more likely to look only at the criminality of behaviour rather than consider the possibility of mental illness as a contributing factor. In this way, persons with concurrent disorders may be labelled as 'bad' (criminals) and requiring punishment rather than 'ill' (suffering from disorders) and requiring treatment.

Treatment of Concurrent Disorders

Persons with mental illness usually have some access to treatment if they are willing and able to seek help. There are also a wide range of treatment and support options for people with substance use problems. Access to treatment for persons with concurrent disorders is much more complicated, both in terms of diagnosis and effective treatment. Concurrent disorders may be misdiagnosed as a single disorder due to the commonality of symptoms between mental illness and substance abuse.

Even a correct diagnosis of concurrent disorders presents a hurdle for treatment. Treatment programs for mental illness may refuse admission to a person with an active drug or alcohol problem, and vice versa. At the same time, the treatment for one may not be appropriate in relation to the other: for example, a confrontational approach sometimes used in substance abuse treatment can be traumatic for a person with mental illness.

This can leave a person with concurrent disorders out in the cold if specific concurrent disorder treatment is not readily available, and there are still relatively few such specialized programs.

For police officers, who often come into contact with persons with mental illness and substance abuse disorders, it is important to recognize that a person may have a mental illness as well as substance use disorder, that the person needs treatment rather than punishment, and that accessing appropriate treatment for concurrent disorders is a challenge for those who need it. Increased awareness about concurrent disorders and the unique challenges in recognizing, diagnosing and treating them – as well as the multitude of problems faced by those suffering from them – is a first step to better and more appropriate responses and support.

Building Capacity: Mental Health and Police Project (BC:MHAPP) is a project of the Canadian Mental Health Association's BC Division, with a goal of improving interactions between police, emergency services, and people with mental illness. This fact sheet is produced as part of the BC:MHAPP Project. These fact sheets have been supported by gaming revenue from the Province of British Columbia. This project is supported by the Vancouver Foundation and the Provincial Health Services Authority. This fact sheet is one in a series of eight:

- Police and Mental Illness: Increased Interactions
- Criminalization of Mental Illness
- Violence and Mental Illness: Unpacking the Myths
- Police and Mental Illness: Models that Work
- Mental Health Crises: Frequently Asked Questions
- Hallucinations and Delusions: How to Respond
- Mental Illness and Substance Use Disorders: Key Issues
- Suicidal Behaviour: How to Respond

For more information on this project, please contact Camia Weaver, Provincial Co-ordinator for BC:MHAPP, CMHA BC Division, at info@cmha-bc.org or 604-688-3234.

