Co-Morbidity between Psychological Distress and Drug Abuse among Patients in Treatment Centres in Jamaica

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Acknowledgements

- Government of Canada/DFAIT
- Organization of America States (OAS)
- Inter-American Commission on Drug Control (CICAD)
- Centre for Addiction and Mental Health (CAMH)
- Department of Sociology, Psychology and Social Work - UWI, Mona
- National Council on Drug Abuse (NCDA)
- Detoxification Unit – UHWI
- Treatment facilities, managers and participants
Key Concepts

- Co-morbidity
- Psychological Distress
- Drug Abuse
- Drug Dependence
- Perceived Family Functionality
- (Patient) Treatment
Surveys conducted within Jamaica have accounted for co-morbid conditions among adolescents and adults citing significant implications for treatment and rehabilitation of substance abusers and otherwise (NCDA, 2001; Lowe & Gibson, 2005; Hickling, Abel, & Gibson, 2005; De La Haye, 2008; Barnaby & Gibson, 2008).
Our North American, European and Australian counterparts have done extensive study and documentation of the clinical relevance of mental disorders among people with addiction (Kessler, 1995; Hersh & Modesto-Lowe, 1998; Kranzler, Mason, & Modesto-Lowe, 1998; Watkins, Lewellen & Barret, 2001; and Skinner, Grady, Bartha, & Parker, 2004).
While it is the knowledge base procured from our counterparts have allowed for greater understanding of the phenomena, there is still the need for more research within the Caribbean/Jamaican context.

It is upon this background that the research was conducted.
What is the prevalence of past month psychological distress in patients currently in treatment for substance abuse/dependence?
Research Objectives

- To assess the prevalence of psychological distress among patients who are receiving care in treatment centres for substance abuse/dependence.

- To assess perceived family functionality among patients with psychological distress.

- To assess the treatment given to patients who are receiving care in treatment centres for substance abuse/dependence.
Methodology

Research Design:

- The study was cross-sectional in nature, consisting of adult patients in Jamaica under treatment for substance abuse or dependence.

- The exclusion criteria for this study included persons who were mentally impaired, intoxicated, and those being treated on psychiatric wards.
Participants:

- 49 males, 7 females (N = 56)
- Ages 18 to 70 years old (mean age = 39.39)
- Treatment Centres -- Residential (55.4%), Detoxification Unit (41.1%) and Homeless Centres (3.6%)
Methodology Cont’d

Instruments:

- EU-LAC CICAD Admission Form – Adapted Version 2009
- The K-10 (Kessler et al., 2002)
- Family APGAR Scale (Smilkstein, 1978)
Methodology Cont’d

Data Collection Procedure:

- Ethical Approval: Research Ethics Office – CAMH; UHWI UWI FMS Ethics Committee.

- NCDA and treatment centres were approached to gain access to treatment facilities to collect data.
Managers, staff and clients were oriented to the study.

Informed consent gained from clients who desired to participate.

Participants then proceeded to complete a self-report questionnaire.
Data Entry and Analysis:

- **Data Entry**
  -- Statistical Package for the Social Sciences (S.P.S.S.) version 12.0.

- **Analysis of Data**
  -- Descriptive frequencies, means and cross-tabulations.

  -- Thematic analysis - Data obtained from open-ended questions.
Objective 1:

Prevalence of psychological distress among patients who are receiving care in treatment centres for substance abuse/dependence.
10.7% of the patients were categorized to have very severe psychological distress.

32.1% of the patients were categorized with severe psychological distress.

The aforementioned results suggest that both groups were likely to have a Depressive or Anxiety disorder.
Results Cont’d

- 26.8% were categorized as having moderate psychological distress.
- 30.4% categorized as having low psychological distress.
- The aforementioned results suggests that both groups were likely to be well.
### Results Cont’d

Table 1. History of mental health problems – Previous diagnosis from a mental health professional among patients in centres treating substance use and abuse.

<table>
<thead>
<tr>
<th>Diagnosed Disorder</th>
<th>Yes</th>
<th>No</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>5 (8.9)</td>
<td>50 (89.3)</td>
<td>1 (1.8)</td>
</tr>
<tr>
<td>Depression</td>
<td>14 (25.0)</td>
<td>41 (73.2)</td>
<td>1 (1.8)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5 (8.9)</td>
<td>50 (89.3)</td>
<td>1 (1.8)</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>5 (8.9)</td>
<td>50 (89.3)</td>
<td>1 (1.8)</td>
</tr>
<tr>
<td>Other - ADHD</td>
<td>1 (1.8)</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Other – Borderline Personality D/O</td>
<td>1 (1.8)</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Other – Delusions/Hallucinations</td>
<td>1 (1.8)</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Other - Seizures</td>
<td>1 (1.8)</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Other – Psychosis (one week)</td>
<td>1 (1.8)</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Other (none)</td>
<td>20 (35.7)</td>
<td>----</td>
<td>----</td>
</tr>
</tbody>
</table>
Results

Objective 2:

Perceived family functionality among patients with psychological distress.
Cross-tabulation of measures of perceived family functioning and psychological distress indicated the following:

- 7 patients who perceived severe family dysfunction presented with severe to very severe psychological distress
- 5 patients who perceived moderate family dysfunction presented with severe to very severe psychological distress
- 12 patients who perceived little or no family dysfunction, thus high family functioning presented with severe to very severe psychological distress
Objective 3:

Treatment given to patients who are receiving care in treatment centres for substance abuse.
## Results Cont’d

Treatment types included predominantly:

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling</td>
<td>83.9%</td>
</tr>
<tr>
<td>Group therapy</td>
<td>67.9%</td>
</tr>
<tr>
<td>Support group</td>
<td>60.7%</td>
</tr>
<tr>
<td>Self help</td>
<td>51.8%</td>
</tr>
<tr>
<td>Meditation</td>
<td>44.6%</td>
</tr>
<tr>
<td>Medication</td>
<td>37.5%</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>35.7%</td>
</tr>
<tr>
<td>Other*</td>
<td>19.8%</td>
</tr>
</tbody>
</table>
Results Cont’d

Patients’ satisfaction with their treatment:

- Satisfied - 83.9%
- Not Satisfied - 5.4%
- Undecided - 8.9%
Recurrent themes pertaining to satisfaction, thus ‘likes’” are related to:

- Staff treatment of clients
- The treatment modalities offered by the treatment centres
- The structure of the treatment programme and management of the facilities to promote a protective environment
- The focus of treatment centres which supports client accountability and understanding intra and interpersonal dynamics
Recurrent themes pertaining to dissatisfaction, therefore ‘dislikes’ were:

- Unnecessary and inflexible rules
- Side effects of medications received
- Misconduct and disrespect from other patients
- Staff compliment to programme
- Issues of privacy and accountability
- Inadequate food portions and preparation
Limitations

Small sample size for the purpose of analysis and generalization. Small sample size was due to:

- low client intake in the various facilities during the specified period of data collection
- closure of some treatment facilities
- minimal volunteering participants
- ineligibility of some respondents based on the inclusion and exclusion criteria
- limited resources
The presence of very severe and severe psychological distress among patients being treated for substance abuse, in the population sampled suggested that patients captured in both groups are likely to have a Depressive or Anxiety disorder.
There are implications for the therapeutic process for patients presenting with severe to very severe psychological distress perceiving moderate to severe family dysfunction.

The body of research suggests that familial support and healthy family functioning serves as a factor for promoting individuals well-being and better treatment outcomes (Boyer, McAlpine, Pottick & Olfson, 2000; Dakof, Tejeda & Liddle, 2001; Murray-Swank, Glynn, Cohen, Sherman, Medoff, Fang, Drapalski & Dixon, 2007).
The focus on “talking therapies” which includes counselling, group therapy and psychotherapy are an effective approach in reducing substance use problems and reduces the risk of relapse and further ensuring satisfaction with treatment.
Further research in this area with a larger sample may afford helping professionals and therapeutic communities further insight so as to tailor treatment and rehabilitation programmes and policies accordingly.
In light of the results obtained and limitations highlighted, the following recommendations should be considered for future exploration of the phenomenon to inform policy and programmes:

I. Use of research methodologies which foster the use of pre and post testing across interventions
II. A longitudinal approach may be employed rather than a cross-sectional design
III. Use of mix-methodologies
References


References Cont’d


thank you very much!