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Understanding concurrent disorders



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Key Terms

Concurrent disorders: When a person is experiencing mental health and substance use concerns at the same time. Concurrent disorders can include, for example, a person with anxiety who engages in problematic alcohol use, or a person with schizophrenia who has a cannabis use disorder (Skinner et al., 2004/2010; Watson et al., 2014).

Mental health concerns: In this document, the term “mental health concerns” is used to describe mental health challenges experienced by a young person, whether confirmed by a clinical diagnosis (for example, depression, anxiety, obsessive-compulsive disorder, ADHD) or without a diagnosis, but that nevertheless impact a young person’s personal, social, or psychological well-being.

Problematic substance use: When a person begins to experience negative effects or consequences from using substances. It occurs when a person continues to use substances or finds it difficult to stop despite these consequences. Adverse effects can include being unable to fulfill obligations at work, school, or home, engaging in risky behaviours, and physical harms (Canadian Centre on Substance Use and Addiction [CCSA], 2022).

Substance use: The consumption of any substance that affects a person’s mood, emotions, or thoughts. This includes legal drugs such as alcohol and cannabis, and illegal drugs such as cocaine or heroin (CCSA, 2022).

Substance use concerns: In this document, “substance use concerns” are defined as problems arising from substance use along any part of the substance use continuum, whether with a clinical diagnosis or without a diagnosis, but that nevertheless impact a young person’s personal, social, or psychological well-being.

Substance use disorder: “Substance use that becomes compulsive despite negative health and social effects. Previously called addiction, substance use disorder is the clinical term for a health condition in which it is difficult for a person to stop using psychoactive substances because of the neurological changes they cause. Substance use disorder is a medically diagnosed and treatable chronic health condition, like diabetes or cancer” (CCSA, 2022, p. 7).

Introduction

Research shows that concurrent disorders are prevalent among young people (Center for Behavioural Health Statistics and Quality, 2017; Henderson et al., 2019; Pearson et al., 2013; Rush et al., 2008; Spencer et al., 2021). Adolescence is a critical developmental period. Concurrent disorders, left untreated, can lead to long-term difficulties. The consistent, complex relationship between substance use, addictions, and mental health emphasizes the importance of exploring concurrent disorders in this population.

The Knowledge Institute on Child and Youth Mental Health and Addictions (the Knowledge Institute) drives high-quality, evidence-based mental health and addictions services for children, young people, and families throughout Ontario. We have created this resource on concurrent disorders for leaders and service providers working in the community child and youth mental health and addictions sector (the sector). It may also be helpful for others interested in learning about concurrent disorders, such as young people and families.

The purpose of this document is to increase understanding by providing an overview of concurrent disorders, including what they are, challenges that exist in identifying and treating them, and ways to improve support and treatment.

In the fall of 2022, we carried out a needs assessment of substance use and addictions services within Ontario. We consulted leaders, service providers, families, and young people across the province and in related sectors. Discussions consistently highlighted concurrent disorders as a central focus. Key concerns included limited recognition, understanding, and standardized processes for addressing concurrent disorders, along with insufficient support services for affected children and young people (Knowledge Institute on Child and Youth Mental Health and Addictions [Knowledge Institute], 2023a).

Methods

We conducted a rapid, non-systematic scan of peer-reviewed and grey literature using various keywords and keyword combinations. We also incorporated relevant findings from our comprehensive fall 2022 needs assessment, with an explicit focus on concurrent disorders. For more information on our methods, see Appendix A.

Our review revealed substantial gaps in research related to services and treatments for concurrent disorders tailored to children and young people. The review also revealed gaps in implementing evidence-based services and treatments for concurrent disorders, along with a lack of information regarding sex and gender differences in relation to concurrent disorders. Much of the available literature was published before the COVID-19 pandemic; research is lacking overall on the pandemic's impact on concurrent disorders among young people.

What are concurrent disorders?

Concurrent disorders are mental health and substance use concerns that are co-occurring (CCSA, 2009; Centre for Addiction and Mental Health [CAMH], 2002).



Definitions of concurrent disorders are not consistent. In some cases, the literature points out that having two clinical diagnoses – mental health and substance use disorder – is needed to be defined as a concurrent disorder (CAMH, 2002; Hawkins, 2009). However, in other literature and in practice, concurrent disorders are defined as the co-occurrence of mental health and substance use concerns without the need for a clinical diagnosis (Skinner et al., 2004/2010; Watson et al., 2014).

Concurrent disorders cover a wide range of concerns, including, but not limited to substance use and mood and anxiety disorders, substance use and ADHD, and substance use and eating disorders (CAMH, 2002; Deas & Brown, 2006; O’Grady & Skinner, 2007). While there is no one defined cause of concurrent disorders, various risks rooted in the interaction between substance use and mental health, have been identified (CCSA, 2009; Conway et al., 2016; Hawkins, 2009; O’Grady & Skinner, 2007).

- Substance use and mental health concerns may both be triggered by the same factors. For example, genetic risk factors, traumatic experiences, and stressful life events.
- Mental health concerns may influence substance use. For example, substances can be used as a coping strategy, such as when alcohol is used to cope with anxiety.
- Substance use concerns may influence mental health concerns. For example, cannabis can trigger the onset of psychosis and impact mental health symptoms like anxiety, mood, and psychosocial problems.
- Substance use and mental health may not have clear or obvious interactions, which can lead to one or both of these concerns being overlooked, underdiagnosed, or inadequately treated. As a result, young people may not receive the comprehensive care and support they require.

How prevalent are concurrent disorders?

Research shows that concurrent disorders are more common among young people (2.7%; Pearson et al., 2013) compared to adults (1.8%; Pearson et al., 2013), with higher rates observed in those aged 15 to 25 (Henderson et al., 2019; Rush et al., 2008; Spencer et al., 2021). Statistics from the United States show that prior to the pandemic, 50% of young people aged 18 to 25 with substance use disorders were experiencing at least one co-occurring psychiatric concern (Center for Behavioural Health Statistics and Quality, 2017). The Canadian Institute for Health Information (2019) reports that 7 out of 10 hospital stays among young people caused by harms related to substance use also involved care for a mental health condition.

Among young people who use substances, it is uncommon for behavioural and emotional mental health concerns and substance use concerns to occur independently (Conway et al., 2016; Hawke et al., 2018). Substance use is more likely to occur together with externalizing disorders (like aggression, impulsivity, and hyperactivity) in adolescents (14 to 17 years old). For young adults (18 to 24 years old), substance use is likely to occur together with internalizing disorders (like anxiety, depression, and obsessive-compulsive disorder; Hawke et al., 2018). Approximately 60% of young people who use substances have a higher likelihood of experiencing all three – internalizing, externalizing, and substance use concerns (Hawke et al., 2018).

Among young people who use substances, females are more likely than males to experience concurrent mental health concerns (Hawke et al., 2018). Often, service providers do not recognize mental health and substance use concerns in females early on, which can lead to more complex concerns over time (Hawke et al., 2018). This lack of recognition can happen as a result of stigma and bias, discrimination, or cultural beliefs that do not align with addressing either mental health or substance use concerns (Homewood Health, 2023). These findings emphasize the need to recognize and address social determinants of health and health inequalities, including sex and gender inequalities in care, when assessing, supporting, and treating concurrent disorders.

Risks and protective factors

Substance use and mental health concerns can have similar risk and protective factors across societal, interpersonal, and individual domains. These factors contribute to a complex relationship between substance use, mental health, and life experiences, and can shape a young person's risk for concurrent disorders (Aderibigbe et al., 2022; Catchpole & Brownlie, 2016; Hawkins, 2009).



Examples of factors within each domain include (Brownlie et al., 2019; Catchpole & Brownlie, 2016; Public Health Agency of Canada, 2018; Trucco, 2020):

- **Societal domain:** Finances, housing, access to care, education.
- **Interpersonal domain:** Childhood experiences and events, peer and family relationships, sense of community.
- **Individual domain:** Genetic and developmental factors.

Each of these factors can play a role in either positively or negatively influencing substance use and mental health outcomes, serving as either protective or risk factors.

Certain behavioural and emotional conditions can prompt young people to engage in high-risk behaviours, including substance use (Brownlie et al., 2019; Hawke et al., 2018; Henderson et al., 2017a; Henderson et al., 2021). For example, internalizing disorders and externalizing disorders have both been identified as risk factors for concurrent mental health and substance use concerns (Henderson et al., 2021). Young people who use substances are more likely to have an internalizing or externalizing disorder and vice versa (Brownlie et al., 2019; Hawke et al., 2018; Henderson et al., 2017a; Henderson et al., 2021).

Interestingly, some studies have suggested that certain internalizing disorders, such as anxiety, can serve as a protective factor against problematic substance use when young people have risk-averse personalities or behaviours (Colder et al., 2017; Henderson et al., 2021).

Challenges in supporting young people with concurrent disorders

Adolescence is a critical developmental period. Concurrent disorders – especially those left untreated or only partially supported – can lead to long-term difficulties for children and young people. Difficulties can include challenges with school, work, physical health, peer and family relationships, and the law (Brownlie et al., 2019; Catchpole & Brownlie, 2016; Henderson et al., 2019).



Young people with concurrent disorders can experience more intense negative symptoms compared to those experiencing only a mental health or substance use concern alone (Catchpole & Brownlie, 2016).

Concurrent disorders can involve many combinations and severities of mental health and substance use concerns, which makes care and support multifaceted and complex (Henderson et al., 2015; McGihon et al., 2018; Watson et al., 2014). A range of screening, prevention, treatment services, and collaboration across sectors is needed. Young people with concurrent disorders often require support from multiple sectors, including substance use, mental health, child welfare, youth justice, and housing.

Given the complexity of treating concurrent disorders, and the youth-focused support needed from multiple sectors, it can be difficult for young people and their families to access appropriate, affirming, and effective care (Addictions Mental Health Ontario [AMHO] & Canadian Mental Health Association Ontario [CMHA], 2013; Brownlie et al., 2019; Corace, 2021; Henderson et al., 2015; 2019; Knowledge Institute, 2023a).

Agencies often lack the resources or do not have a mandate to screen for or assess concurrent disorders, and service providers often do not have the necessary up-to-date knowledge and training to feel fully confident and competent addressing both mental health and substance use concerns (Henderson et al., 2015; Henderson et al., 2021; Knowledge Institute, 2023a; Urbanoski et al., 2008). These factors can lead to concurrent disorders being ignored, overlooked, or addressed only as separate concerns.



Some main challenges associated with providing concurrent disorder services to young people include:

- Lack of co-ordination between mental health and substance use service providers, leading to fragmented care (AMHO & CMHA, 2013; Henderson et al., 2015; Henderson et al., 2017b; Kozloff et al., 2013; O'Grady & Skinner, 2007).
- Limited availability of concurrent disorder specialists and tailored resources (Brownlie et al., 2019; Henderson et al., 2019; O'Grady & Skinner, 2007; Watson et al., 2014).
- Inconsistent implementation of evidence-based treatments and services (Henderson et al., 2015; Selick & Wiktorowicz, 2016; Settapani et al., 2017; Wiktorowicz et al., 2019).
- Strict or exclusionary admission criteria, paired with long wait times. This excludes children and young people with concurrent disorders from accessing support in either domain: mental health or substance use (Knowledge Institute, 2023a; Kozloff et al., 2013; O'Grady & Skinner, 2007).
- Lack of services tailored to transition-aged young people and those under 12. Both populations already face challenges in accessing appropriate care (AMHO & CMHA, 2013; Henderson et al., 2015; Knowledge Institute, 2023a; Mental Health Commission of Canada [MHCC], 2015).¹
- Absence of youth-centred concurrent disorder treatment approaches and engagement strategies (Hawkins, 2009; Henderson et al., 2017a/b; Knowledge Institute, 2023a).

1 In the literature, the age range for transition age youth is typically considered to be between 18 and 25 years old, as this marks the transition from pediatric services. However, in practice, some agencies may define transition age as individuals 19 to 25, or in some cases, up to 29 years old.

Main challenges faced by our sector

The main challenges in providing concurrent disorder services across the sector in Ontario are summarized below.

- **System fragmentation:** As of 2015, less than 50% of mental health, addictions, justice, and child welfare programs in Ontario offered services specifically designed for concurrent disorders. Only 54% routinely referred to other agencies (Henderson et al., 2015). Services that are focused on substance use and addictions are more likely to provide support for concurrent disorders than mental health services (AMHO & CMHA, 2013; Henderson et al., 2015; Henderson et al., 2017a). These findings date back 8 to 10 years and changes may have occurred since then. However, it is still well known that these programs tend to operate in a disconnected manner (AMHO & CMHA, 2013; CCSA, 2013; Henderson et al., 2015; Knowledge Institute, 2023a; McKee, 2017; Ontario Ministry of Health, 2020).
- **Limited availability and dual competency:** Many service providers in community-based and primary care settings in Ontario lack the capacity and specific competency to provide comprehensive concurrent disorder services (AMHO & CMHA 2013; CCSA, 2013; Selick & Wiktorowicz, 2016). Service providers generally specialize in one area (either mental health or addictions), but not both. Very few concurrent disorder specialists are available in community mental health settings across Ontario (CCSA, 2013; Knowledge Institute, 2023a; O'Grady & Skinner, 2007).
- **Inadequate time and resources to implement training and protocols:** There are limited comprehensive training programs and treatment protocols designed specifically for concurrent disorders (AMHO & CMHA, 2013; CCSA, 2013; Hawke et al., 2018; Knowledge Institute, 2023a; Wiktorowicz et al., 2019). There is also a lack of resources and time available for staff training and professional development, particularly training on new screening and assessment tools specific to concurrent disorders. The limited availability of screening and assessment methods contributes to concurrent disorders being under-identified (Catchpole & Brownlie, 2016; Knowledge Institute, 2023a; Sterling et al., 2010; Watson et al., 2014).



For a more in-depth exploration of priorities and challenges facing the sector, see the Knowledge Institute's (2023a) report [Priorities in substance use and addictions services for young people in Ontario](#).

Addressing unmet needs

Young people report unmet treatment needs, stigma, difficulty engaging with treatment, inconsistent perspectives on their chances of making improvements, difficulty accessing specialized, timely, or effective care, and inadequate coordination of their mental health and addictions supports (AMHO & CMHA, 2013; Brownlie et al., 2019; CAMH, 2002; Kozloff et al., 2013; Urbanoski et al., 2008; Watson et al., 2014). All these factors can leave children, young people, and their families confused and discouraged, which affects treatment progress and makes it difficult to adhere to treatment plans. Addressing these systemic gaps and barriers is crucial to improving the overall care and outcomes for children and young people with concurrent disorders.

Key considerations and next steps

Best practices and recommendations provided in the literature pertain to concurrent disorders in general; they are not specific to service providers in the context of child and youth community mental health and addictions. However, some good and helpful information can be gleaned from these general practices.

We have compiled some key considerations for agencies wanting to improve how they provide care for concurrent disorders among children and young people. These considerations are listed from “simplest to achieve” to “more intricate and involved,” and include approaches at the individual, organization, and system levels. The Knowledge Institute can offer advice, guidance, and expertise in helping organizations to implement these recommendations.

Staff roles and responsibilities

- Reduce service providers' stigma related to substance use and addictions by increasing their understanding of the existence and prevalence of concurrent disorders among children and young people (CAMH, 2002; Knowledge Institute, 2023a; Kozloff et al., 2013; Watson et al., 2014).
- Establish clear responsibilities for staff and service providers who interact in the care of young people with concurrent disorders (Hawkins, 2009; McKee, 2017). Consider whether a single provider has the capacity, comfort, and competency to provide both substance use and mental health support, or if two providers with distinct competencies can provide concurrent, collaborative care (Rosic, 2023).



Helpful resources related to stigma reduction and encouraging conversations about substance use:

- [Harm reduction and young people: Reducing substance-related harms](#) (Knowledge Institute, 2023b).
- [Tips for talking about substance use](#) (Ottawa Public Health & Families for Addiction Recovery, 2022).
- [Lower-risk cannabis use guidelines \(LRCUG\) for youth](#) (CAMH, 2018).
- [Talking pot with youth: A cannabis communication guide for youth allies](#) (CCSA, 2020).
- [Vaping: A clinician's guide to counselling youth and parents](#). (Canadian Pediatric Society, 2021).
- [Talking with your teens about vaping](#) (Caring for Kids, 2020).

Knowledge mobilization

- Enhance knowledge mobilization throughout the sector by encouraging collaboration with researchers and experts in concurrent disorders, as well as partners, service providers, and service users (Henderson et al., 2015; MHCC, 2015).



For guidance on knowledge mobilization take a look at the Knowledge Institute's (2023c) [Knowledge mobilization toolkit](#).

Screening and assessment

- Invest in early identification to avoid or reduce potential long-term negative effects of concurrent disorders (CCSA, 2009; McGihon et al., 2018).
- Build rapport and trust using an informed screening approach that moves from less to more intensive over time and as necessary (CAMH, 2002; Knowledge Institute, 2023a).
- Improve efficiency, consistency, and comprehensiveness of assessment by screening for both mental health and substance use and addictions concerns, not just one or the other (AMHO & CMHA, 2013; CAMH, 2002; Henderson et al., 2017a; Watson et al., 2014).
- Conduct continuous assessment and screening over time to recognize and capture the dynamic nature of concurrent disorders, and to adapt treatment plans accordingly (CAMH, 2002; Henderson et al., 2017a/b; Spencer et al., 2021; Watson et al., 2014).



- **The Global Appraisal of Individual Needs - Short Screener (GAIN-SS)** has been recommended as a screening tool for concurrent disorders. It has been validated with clinical samples within the early to middle adolescent ages. Several service providers working in the sector currently have also noted using the GAIN-SS to screen for both mental health and substance use concerns, simultaneously (Chestnut Health Systems, n.d; The Knowledge Institute, 2023a).
- **CRAFFT Screener** is a widely used health screening tool for identifying substance use and related risks in youth aged 12-21. It detects substance use disorders, risky behaviours, and driving risks. It is extensively employed in medical and community settings, aiding early intervention and patient-centred counseling. Backed by significant research, it is valid across diverse socioeconomic and ethnic backgrounds (Center for Adolescent Behavioural Health Research, n.d.).

Treatment

- Take a biopsychosocial approach to treatment, addressing the impacts of concurrent disorders as a whole – biological, psychological, social, and environmental. Provide support and interventions that consider more than just symptoms. With a biopsychosocial treatment approach, individuals can receive integrated care that addresses their unique needs, promotes recovery, and enhances overall well-being (CAMH, 2002; Henderson et al., 2015; McKee, 2017).
- Adopt a trauma-informed lens in concurrent disorder services. Treatment that is responsive to the needs of young people who have been exposed to trauma and adverse childhood experiences is crucial given the association between trauma and substance use, and the prevalence of trauma and adverse childhood experiences among those with concurrent disorders (Catchpole & Brownlie, 2016; Dube et al., 2003; Leyton & Stewart, 2014; Spencer et al., 2021).
- Customize treatment plans to the individual (O’Grady & Skinner, 2007; Watson et al., 2014). Focus on the unique needs of children and young people at various developmental and life stages, and their families (Knowledge Institute, 2023a).
- Treat mental health and substance use concerns at the same time. Focus on integrated, rather than sequential or parallel treatment. Aim for one integrated support plan within one comprehensive program (CAMH, 2002; Hawkins, 2009, Henderson et al., 2015; Knowledge Institute, 2023a; McKee, 2017).

Guidelines and protocols

- Create integrated guidelines for training service providers and support workers on screening, assessments, and treatment for concurrent disorders (CCSA, 2013; Spencer et al., 2021; Watson et al., 2014).
- Develop program standards and treatment protocols specifically for concurrent disorders (AMHO & CMHA, 2013; Knowledge Institute, 2023a).

Concurrent disorders have a profound impact on the lives of children, young people, and their families. However, navigating the available services for concurrent disorders within the sector continues to prove challenging. A lack of coordinated services across the province continues to lead to confusion, frustration, and inadequate communication between providers. Using integrated services that prioritize collaboration and coordination is the suggested, aspirational approach for treatment and service delivery.



For a list of additional high-quality resources and programming related to concurrent disorders, visit our [substance use and addictions webpage](#).

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Appendix A. Detailed methods

We conducted a rapid, non-systematic scan of peer-reviewed and grey literature using various keywords and keyword combinations. Keywords for our literature review included: mental health, mental illness, substance use, problematic substance use, addiction, substance use disorder, concurrent disorder, dual disorder, co-occurring disorder, internalizing disorder, externalizing disorder, concurrent care, integrated treatment, integrated care, treatment, intervention, community-based care (services), child, kid, prenatal, adolescent, young people, teen, youth, transition year, young adult.

Our literature search was carried out using the following databases: APA Psychnet, PsychInfo, Annual Review of Clinical Psychology, Google Scholar, Wiley, Springer, and PubMed. Grey literature was identified through YouthRex and the resource hubs of various provincial and national organizations. The search results reflect information from the past 20 years until March 2023, with a specific focus on recent literature and literature related to the child and youth population in Ontario.

We also included information from our large-scale needs assessment ([Knowledge Institute, 2023a](#)). To do this, we carefully selected any raw data related to concurrent disorders. These data were organized systematically in qualitative analysis software (NVivo) using a coding structure created from our research questions. We combined these findings with the information gathered throughout our literature review.



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