AOD Provider Collaborative

Research Symposium 2014

From Then to When
CEP Research in New Zealand
Dr Helen Warren, AUT University

ODYSSEY
changing lives

CENTRE FOR ADDICTION RESEARCH
THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau

Session Outline

- In this session I will:
  - Take a brief look at the ideas and theories that inform the understanding of mental health and addictions.
  - The kind of research and literature that has been developed out of those ideas.
  - Outline the research work I undertook as a result of questions that arose out of my own clinical practice.
  - Describe the work that has been carried out subsequently by my colleagues and students
  - Address the current thinking in CEP and how this might inform research in the future.

Drugs, alcohol and mental health as disconnected and unrelated issues

Drug Clinic

Community Alcohol Services

Mental Illness as a Medical Matter

- Up until the 18th C human behaviour was the province of the theologian and the philosopher.
- Although witches were still being burned and many still thought of mental disease as a manifestation of evil, it became increasingly accepted that mental disorders were primarily a medical specialty.
- Accurate descriptions of some mental disorders began to be published.
- Consistent with developments in general medicine, explanations for mental illness were sought in physical abnormalities of the brain and bacteria.
- The results were disappointing - most mental disorders occurred despite an apparently physically normal brain.

Major Advances at the End of 19 C

- Kraepelin (a Berlin psychiatrist) published the first systematic classification of different forms of mental illness
- Freud (1885) in Vienna began work with the possibility that powerful mental processes might lie hidden from consciousness
- From Freud's work, the school of psychoanalysis was developed.
- **The Diagnostic and Statistical Manual of Mental Disorders (DSM)**
- Was developed in the USA out of a need to collect statistical information
- The 1840 census reflected the first official attempt to gather data about mental illness

Attempts to conceptualise the nature of drug use

- **Moral Model**: the prevailing addiction archetype until the mid 20©. This views the addicted user as weak-willed and morally bankrupt; someone who should be punished or pitied.

- Outcome of the moral model was the Temperance Movement

- Today this model underpins the thinking of those who hold individuals entirely responsible for their drug use; assuming it to be an act of will

The Disease Model

- A number of assumptions underlie this:
  - Alcoholics/addicts are different from non-dependent users; genetic vulnerabilities
  - Abstinence is the only treatment goal
  - They are not to blame for their disease
  - Chemical addiction is seen as a chronic, relapsing and progressive disorder

Health Promotion Model

- Accepts that alcohol/drugs are widely used
- Cause harmful effects on individuals, families and communities
- Contribute significantly to the incidence of ill-health, injury and violence in our country
- Take an approach that raises awareness, builds knowledge and skills, promotes healthy public policy and best practice, and fosters coalitions and networks.

1991 Dr Kenneth Minkoff

- Drake, R., McLaughlin, P., Pepper, B. & Minkoff, K. Dual Diagnosis of Major Mental Illness and Substance Disorder: An Overview in *New Directions for Mental Health Services* No. 50 Summer 1991
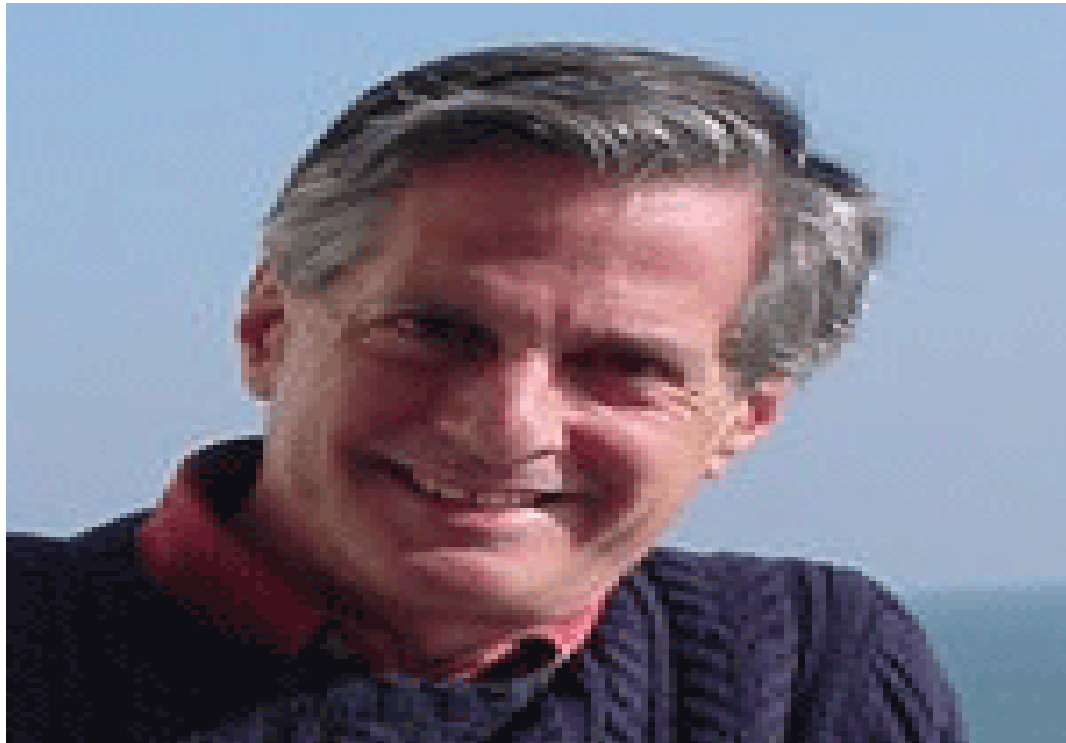
Research Methodologies

- Quantitative, or qualitative, or a mixture of both?
- What do you think your methods will enable you to discover?
- What might they prevent you from discovering?
- What kinds of research methods would be best suited to the kind of research you are undertaking and the research questions you are pursuing?
- What sort of problems do you envisage in setting up these methods?
- What are their benefits?
- What will you need to do to ensure they gather useful data?

Mainstream Research Informed By:

- The medical model
- Research focuses on:
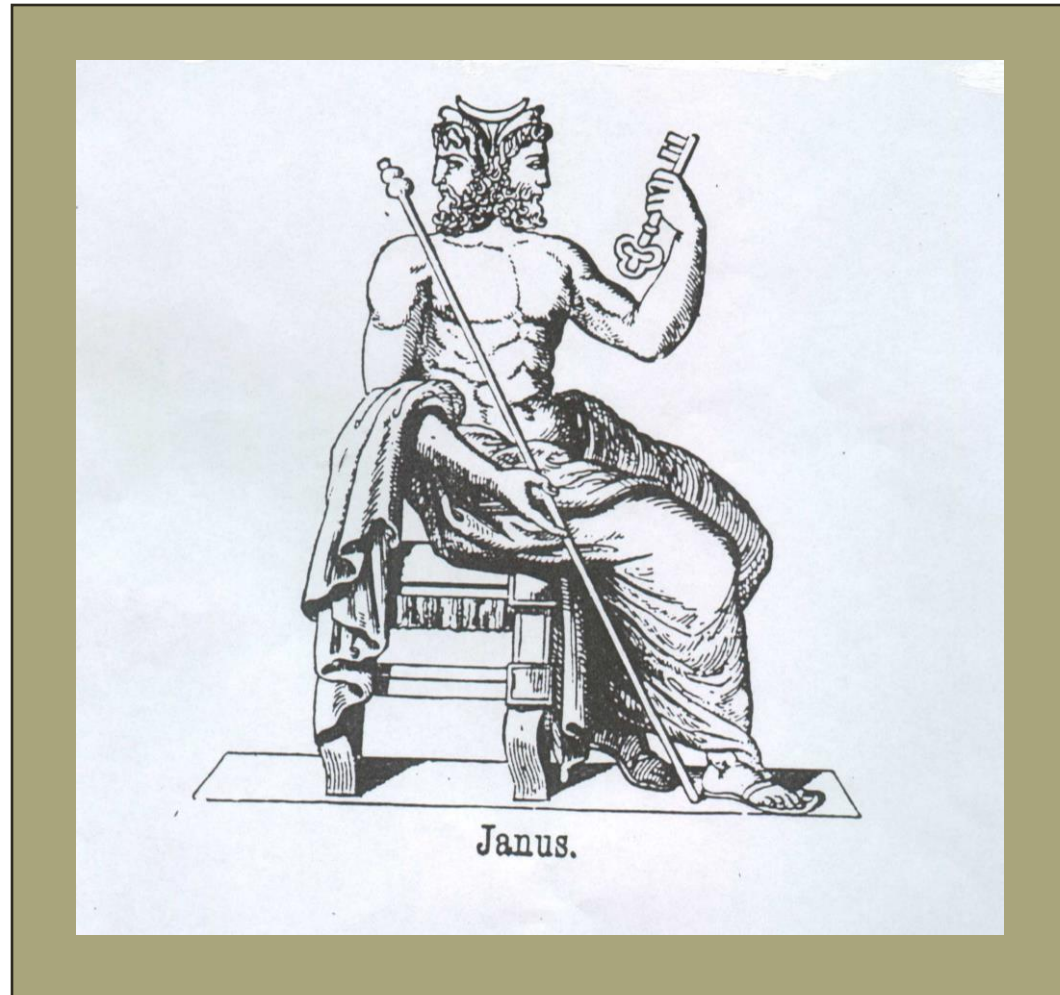 - Diagnosis
  - Prevalence
  - Prognosis
  - Treatment

Traditional Research Approaches

- Theory testing
- Conceptual propositions
- Restate as testable propositions
- Collect data needed to test theory
- Analyse data (to prove or disprove theory)
- Assessing theory

The seeds of research in my own practice

The Janus Influence and Discovering a Life

Janus.

The Study

- What are the main concerns of consumers, health workers and families living and working with 'coexisting mental health and substance abuse disorders

- What are the processes they use to make sense of their world, resolve difficulties and deal with issues

- Create a set of data from which existing models of treatment might be critiqued and new approaches developed

The Premises of Social Interactionism

1. Social interaction is a dynamic process, not merely a person as an actor responding to others in the environment
2. We act according to the way we define the situation we are in
3. The focus is on the present not the past – we are not simply playing out personality traits we developed early in our lives
4. Describes the human being as being more unpredictable and active in their world, that our action involves conscious choice

The Participants

- People identified by 'snowball' sampling technique who were no longer clients of acute mental health or A & D services
- An equal distribution of men and women aged between 24-60 yrs with the mode being 40yrs
- Families
- Staff members (of A&D, mental health and specialist dual diagnosis services)
- Policy documents (A&D & mental health)
- 20 'normal' people

Making Sense of It All

- A grounded 'theory' generated from information provided by participants that…

- Accounts for the way they understand and manage their lives with coexisting mental health and substance dependence disorders.

The Data Map

Intemperate Insanity - Positive

- Positive expressions
- Connecting – social connectedness
- Escaping – distraction/relief from reality
- Coping – contending successfully with
- Surviving – continuing to live/exist

Intemperate Insanity - Negative

- Alienating – friends, family, workmates
- Accomplished through harassing, terrifying and withdrawing
- Destroying – relationships with friends family and workmates
- Destruction with family often irrevocable

Naked in Woolworths – the crisis

- Building up – experimenting (with drugs and alcohol) or triggering of old events
- Overwhelming – feeling exposed and overpowered by events
- Breaking down – no longer able to cope or cover-up
- Intervention – by others, usually into treatment

Shedding the Armour - recovery

- Began with sobriety – long-term sobriety was the single most significant change that ensured a positive and productive life

- Taking responsibility

- Up-skilling

- Incorporating - new learning and behaviours into daily life

Living Without the Armour

- Daily reminders – of where they had come from and what brought them to the place they are in today – today is all I have got
- Human connecting that supports and reinforces change
- Integrating mental illness and substance dependence into human identity
- Pushing the boundaries
- Giving back

'Discovery' as a Concept

- Discovery - the action of uncovering or fact of becoming uncovered
- 'Discovery' fits the trajectory of the participant's lives from 'intemperate insanity' to 'maintenance' and puts them in the role of explorer and path-finder in the journey of their own worlds.
- It captures the constant movement and growth that takes them beyond the 'maintenance' phase of 'recovery'.
- Recovery relationships are defined either in relation or opposition to health professionals.
- 'Discovery' brings with it a completely new set of relationships based on a completely different set of assumptions and understandings.

'Discovery' as a Concept cont…

- 'Discovery takes coexisting disorders out of the realm of 'illness' and into the business of 'being' human.
- 'Discovery' is a concept that straddles the divide between 'health' and 'life'.
- The concept of 'discovery' brings with it a new dimension that integrates coexisting disorders seamlessly into the lives of the people affected by them.
- It takes coexisting disorders out of the realm of 'illness' and into the business of 'being' human.

Elements of Discovery

1. **<u>The Role of Myth in Discovering a Life</u>**

   A myth is one story in a mythology or system of hereditary stories which were once believed to be true. Myths served to explain why the world is as it is and things happen as they do, as well as to establish the rationale for social customs and observances and the sanctions by which people conduct their lives

Elements of Discovery cont...

2. **<u>Discovery as a Paradigm Shift</u>**

- Modern psychologies and therapies often contain an unspoken but clear salvational tone. If only you could learn to be more… or less… then your troubles would be over

- I am interested in a humbler approach that is more accepting of human foibles than trying to transcend the human condition

- When the soul is neglected it doesn't just go away; it appears symptomatically in addictions, obsessions violence and loss of meaning

- Thomas Moore 1994 *Care of the Soul*

Elements of Discovery cont…

3. **Discovery as a Life-Long Journey**

I contest the idea of recovery as a destination and a return to 'full health', and argue for 'discovery' as a life journey. For the participants of this study, there is no destination, they are where they need to be at this moment, and what they are living with in the moment is full health. It might not have been what they had before, but it is their full capacity and they are learning to enjoy the richness of life, and to explore where it might take them.

Elements of Discovery cont...

4. **Discovery as a 'Present Moment'**

- Discovery focuses on living 'in the moment'

- Whilst 'recovery' shares some of the same immediacy, there is an aspect of 'recovery' that involves putting life on hold in the 'hope' for a better future, 'hope' of a cure, or 'hope' that the 'community' will give them the respect and support they want.

- The 'discovering' participants were able to look backwards to the past and forward to the future whilst living fully in the present.

Elements of Discovery cont…

5. **<u>Discovery as a community concept?</u>**

- The Mental Health Commission argues for recovery as a 'community' concept

- My participant population still saw it as an individual responsibility. They felt their communities were part of the problem. Until they addressed some of their own community issues around drugs and alcohol, they would not be in a position to support and nurture individuals.

Summary

- Participants were simultaneously able to accept their coexisting disorders as life-long **and** transient

- They saw their 'coexisting disorders' as an integral part of who they are – not a disease to be managed, treated or overcome

- They were able to resolve the dissonance created by the use of a multiplicity of treatment models in a way that allowed them to benefit from each approach

Research undertaken by clinicians in Auckland

1. Helen Hamer: Inside the City Walls: Mental Health Service Users' Journeys Towards Full Citizenship
2. Fa'alia Vaeau: An investigation of Pasefika access to the Child and Adolescent Mental Health Service within Counties Manukau District Health Board - the influence of health beliefs and attitudes.
3. Debra Fraser: Mindfulness Stress and Self; an Ontological Shift
4. Ronald Ma; Smoothstream; a musically based mental health intervention for immigrant communities
5. Andrea Mead: Family response to alcohol problems
6. Megan Jones: Addressing Substance Misuse in Early Psychosis; Clinician perspectives
7. April Matthews: Coexisting Mental Health Problems: the support needs of AOD Professionals
8. Josephine Jackson Gray: Drinking amongst Nuiean Women in NZ

Clinician's research

8. Christel Le Brun Non-heterosexual youth: A profile of their health and well-being.

9. Ronald Ma: Putting Smiles on their Faces; Mental Health Promotion of New Asian Migrants and Refugees

10. Frances Ward: That a Shaky Hand Should Rock the Cradle; Pre-pregnant women as the focus of foetal alcohol campaigns

11. Martina Zivic: Young Women's Consumption of Alcohol

12. Sherona Mariner: Alcohol Use Among Young Adults in Auckland

13. Helen Sopoanga Smith: The Impact of Alcohol on the Spiritual practices of Samoan Women

14. Tony Farrow: A life of its own; The effects of the use of 'no suicide contracts' in community crisis situations

The Future: Ministry of Health & Matua Raki 2011

Expectation

Te Kōkiri (The Mental Health and Addiction Action plan 2006 – 2015)

7.17   Develop a coherent national approach to co-existing mental health and substance use/abuse disorders.

Conceptualising the scope of substance use and mental health problems by service capability

SUBSTANCE USE DISORDER

	Low	High
Low	Category 1 Low-Low	Category 2 Low-High
High	Category 3 High-Low	Category 4 High-High

MENTAL DISORDER

2012 Te Ariari o te Oranga Dr Fraser Todd

- Another change in language from 'disorders' to 'problems
- Influenced by strength-based practice (and language)
- Founded on a framework of principles that began with
  - Cultural considerations
  - Well-being
  - Engagement
  - Motivation
  - Assessment
  - Management (clinical case)
  - Integrated care

PRINCIPLES - Kenneth Minkoff

- The most significant predictor of treatment success is the presence of an empathic, hopeful, continuous treatment relationship, in which integrated treatment and coordination of care can take place through

    multiple treatment episodes.

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Thank you