

Psychotic disorders and psychoactive substance use: impacts of a collaborative intervention

It is well known that integrated intervention is part of best practices for people with coexisting psychotic and substance use disorders (SUD). With this in mind, the *Rond Point* program was developed in the Chaudière-Appalaches region of Québec to foster the recovery of persons with these coexisting disorders. This article presents an evaluation of the effects of participating in this program. Results show that one year after participants started the program, the number and duration of visits to emergency departments and of hospitalizations declined. During this same period, a decline in substance use as well as improvements in psychological health and quality of life were observed.

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Issue and Objective

The simultaneous presence of psychotic disorder and SUD greatly complicates challenges and needs faced by people with these disorders. Indeed, those individuals tend to report more severe medical, psychological, social and functional symptoms, in addition to higher use of health care and services. Several studies underline the importance of considering these coexisting issues synchronously during treatment to maximize intervention outcomes (Banerjee, Claney and Crome, 2002; Crockford and Addington, 2017; Dubreucq, Chanut and Jutras-Aswad, 2012). It is with this in mind that the *Rond Point* program was implemented in the Chaudière-Appalaches region so as to offer daily support to people with psychotic and substance use disorders. Using an integrated approach involving addiction rehabilitation specialists as well as mental health rehabilitation specialists, the 6- to 18-month long program provides a living environment for users. The objectives are to stabilize mental health, reduce harms linked to substance use and develop users' autonomy and social skills. The goal of the project is to evaluate the effects of the *Rond Point* program on various spheres of life of individuals with coexisting psychotic disorders and SUD, and on use of hospital services.

Methodology

All users starting the *Rond Point* program between September 2010 and August 2015 were invited to participate in the project. Data were collected twice over the course of the study, during interviews using standardized questionnaires. The first interview took place at program entry and the second after 12 months of intervention. Data were collected using the *Questionnaire d'évaluation des besoins en réinsertion sociale*, *Questionnaire de Dépistage/évaluation du besoin d'aide – Alcool/Drogues* (DÉBA-A/D; Assessment and Screening of Assistance Needs - Alcohol/Drugs), Psychological Distress Index used in the Québec Health Survey, and the French version of the Center for Epidemiologic Studies Depression Scale. In addition, to evaluate the program effects, analyses compared the number and duration of hospitalizations and visits to emergencies for reasons related to mental health or substance use in the year preceding program entry and the year following program exit.



Highlights

A total of 63% of individuals admitted to the program between September 2010 and August 2015 agreed to participate in the project ($N = 19/30$). Three of them were excluded because they had not answered all the evaluation questionnaires. A fourth individual was excluded because of being hospitalized and therefore insufficiently exposed to the program. Data collected from 15 people were used to assess the effects of participating in the *Rond Point* program. Participation in the program enabled observation of significant decreases in use of hospital services due to mental health or substance use issues:

- the number of visits to emergency departments dropped from 16 in the year preceding entry into the program to 2 in the year following the end of the program;
- the number of hours in emergency departments dropped from 261 in the year preceding entry into the program to 24 in the year following the end of the program;
- the number of hospitalizations dropped from 14 in the year preceding entry into the program to 2 in the year following the end of the program;
- the number of hospitalization days dropped from 614 in the year preceding entry into the program to 117 in the year following the end of the program.

Participation in the program also enabled observation of positive changes in substance use, psychological well-being and various spheres of life. Therefore, twelve months after program entry,

- no participant met the criteria for substance abuse and none displayed at-risk consumption;
- participants' psychological well-being improved and their psychological distress decreased;
- participants acquired skills and became more independent in the areas of dressing and hygiene. More participants also took more active roles in society (employed or volunteering) and improved their support networks.

Conclusion

This article presents the effects of participating in the *Rond Point* program for people with psychotic disorders and SUD. Although the number of participants in the project was small and makes it difficult to generalize the results, the latter provide a glimpse into the effectiveness of specialized integrated intervention for mental health and addiction. Overall improvement in users' quality of life shows the benefits of this program: stabilization of mental health, significant decrease in substance use, and better psychological health. Reduced use of hospital services (emergency department and hospitalization) is also a notable benefit of the program. However, the program's effectiveness should be evaluated with a higher number of participants, and the acquired benefits verified over the longer term.

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Keywords

- / Psychotic disorder
- / Addiction to psychoactive substances
- / Integrated intervention approach
- / Treatment
- / Quality of life

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