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If You Have Concerns About Your Child or Youth

The BC Ministry of Children and Family Development (MCFD) provides a wide range of direct clinical services and targeted community supports for children and youth at-risk or dealing with mental health problems, and for their families.

For more information, please contact your local MCFD office (listed in the Blue or Government Pages of the phone book) or visit: www.mcf.gov.bc.ca/mental_health/help.htm

To learn more about *BC's Child & Youth Mental Health Plan*, please visit: www.mcf.gov.bc.ca/mental_health

Treating Concurrent Substance Use and Mental Disorders in Children and Youth

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A RESEARCH SUMMARY FROM THE
Children's Health Policy Centre

Our Research Reviews

The Children's Health Policy Centre in the Faculty of Health Sciences at Simon Fraser University prepared this report at the request of the British Columbia (BC) Ministry of Children and Family Development (MCFD). Our goal was to summarize the best currently available research evidence in order to inform policy and practice for preventing substance use disorders in children and youth. This report is one in a series of reports prepared in support of MCFD's *Child and Youth Mental Health Plan for BC*. Our reports summarize the best currently available research evidence on the prevention and treatment of a wide variety of children's mental health problems and are intended as a resource for policy-makers, practitioners, families and community members. The complete series of reports is available on our website at www.childhealthpolicy.sfu.ca including the companion to this report, *Preventing Substance Use Disorders in Children and Youth*.

Understanding Concurrent Substance Use and Mental Disorders in Children and Youth

Substance use disorders (SUDs) are conditions involving a maladaptive pattern of substance use leading to adverse consequences. Children and youth with SUDs also frequently display mental disorders. Mental disorders are significant disturbances in behaviours, mood or thought processes which are associated with distress and impairment. The term *concurrent disorder* identifies individuals diagnosed with an SUD along with a coexisting mental disorder. Mental health problems such as conduct, anxiety and depressive disorders are particularly common and frequently co-occur with SUDs. Poorer treatment compliance and worse short- and long-term outcomes are associated with concurrent disorders. Both prevention and treatment are important elements for a public policy response to concurrent disorders in children and youth.



March 2007

Since the personal and social costs associated with substance use and mental disorders are significant, preventing such problems needs to be a priority. This may be achieved through prevention programs aimed at enhancing protective factors or mitigating risk factors in order to reduce the number of children and youth experiencing substance misuse and mental health problems. Although we do not fully know what causes mental health problems in children and youth with substance use disorders, we do know there are effective strategies for treating these conditions.

Treating Concurrent Substance Use and Mental Disorders in Children and Youth

Review Results

It is crucial that children and youth with established substance use and mental disorders get the care they need. But research shows this is not always the case. Large studies in Canada and elsewhere have demonstrated that only about one in four young people with mental health problems (or 25%) currently receive specialized treatment services.

To reduce the overall number of children and youth who suffer from substance use and mental disorders, we must both treat children with existing problems and implement effective programs to prevent problems from occurring.

In order to present a comprehensive summary of well-researched treatments for concurrent substance use and mental disorders, we reviewed a variety of forms of research evidence. Because no systematic reviews on this topic met our criteria, we expanded our search to include high-quality **original research articles** on treating concurrent disorders in children and youth. Additionally, to address the limitations in this research, we summarized a **practice parameter** on the treatment of SUDs including recommendations for children and youth with concurrent disorders. We also summarized **systematic reviews** on treating SUDs and **our previously published reports** on the treatment of conduct, anxiety and depressive disorders separately in order to fully detail the best currently available research evidence.

Effective Treatment

There is a significant lack of high quality research evidence regarding treatments for children and youth with concurrent SUD and other mental disorders. Nonetheless, effective treatments do exist to address both address these significant disorders in combination and individually.

There is evidence supporting the use of multisystemic therapy (MST) and cognitive behavioural therapy (CBT) to treat children and youth with concurrent substance use and conduct disorders. However, there were no psychosocial interventions identified as

- The estimated prevalence rate for substance abuse is 0.8% meaning that at any given time, approximately 7500 children and youth in BC may be affected.
- SUDs in children and youth are associated with many detrimental consequences including risky sexual behaviour, increased risk for suicide, accidental deaths and diseases such as the human immunodeficiency virus and hepatitis.
- There are a variety of effective treatments for reducing substance use among children and youth with concurrent disorders.
- Medication use should be limited to severe situations and should always include careful monitoring.

Treating Concurrent Substance Use and Mental Disorders in Children and Youth

effective in treating both substance misuse and depression or anxiety disorders. CBT was identified as being strongly supported by the research evidence for the treatment of anxiety and depression in our previously published reports on the treatment of these individual disorders. Interpersonal therapy (IPT) was also identified as being an effective treatment for depression.

Family-based treatments were found to effectively address substance misuse among youth with concurrent disorders. Effective treatments included: MST, ecologically-based family therapy (EBFT) and functional family therapy (FFT); alone and with CBT.

Recommendations from the Research

General

- It is essential to treat both substance use and mental disorders in children and youth with concurrent disorders.

SUDs and Conduct Disorder

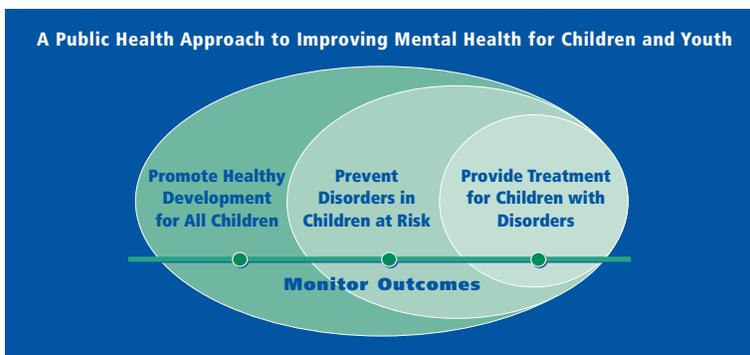
- Treatment should be modeled after MST. There is also research evidence supporting the use of CBT for the integrated treatment of these disorders. Parent training can be used to effectively address conduct disorder but its impact on substance use has not been established. Group treatments for youth with both conduct disorder and SUDs should be avoided.

SUDs and Anxiety and Depressive Disorders

- No psychosocial interventions were found to effectively treat substance use concurrent with anxiety or depressive disorders. Effective treatments do exist to address these disorders individually. Accordingly, interventions should be modeled after the principles and key elements of approaches supported by research evidence for specific mental disorders.

SUDs alone

- Many forms of family therapy, including MST, Functional Family Therapy and Ecologically-based Family Therapy, can be used to effectively address substance misuse among youth with concurrent disorders. Additionally, motivational interviewing interventions can be employed to reduce substance use in children and youth.



March 2007

About Us

We are a research group in the Faculty of Health Sciences at Simon Fraser University. Our work focuses on integrating research and policy to improve children's social and emotional wellbeing, or children's mental health. We promote a public health strategy for children's health. Our work complements the mission of the Faculty of Health Sciences to integrate research and policy for population and public health locally, nationally and globally.

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