Dual Diagnosis of Chemical Dependency and Schizophrenia Among Homeless Adults: An Integrative Approach to Care

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Introduction

Homeless adults who are dually diagnosed with chemical dependency and schizophrenia are a population that is greatly at risk for harm. These homeless adults with severe psychiatric disorders and substance use disorders are underserved by public treatment programs, and their physical and mental health greatly suffers as a result. It has been estimated that 20-40% of homeless men and women with schizophrenia also have pervasive drug and alcohol problems (Velasquez et al., 2000). Concurrent presentation of positive and negative symptoms of psychotic disorders make it more difficult for schizophrenic patients to reduce their substance use and achieve abstinence. In the dually diagnosed homeless, a lack of resources and poor coping mechanisms adds to the difficulty of seeking and receiving treatment. Services for mental illness and chemical dependency are also poorly integrated, and thus patients are often excluded and left undertreated or untreated (Velasquez et al., 2000). The dually diagnosed homeless are an extremely vulnerable patient population whose needs can be addressed through integrative services.

Objectives

Dually diagnosed homeless patients face many disparities in healthcare, as they are often left untreated and undertreated. The literature shows integrated treatment programs have demonstrated clinical efficacy in the treatment of schizophrenia and chemical dependency among homeless patients, and by implementing these interventions, healthcare providers can reduce disparities for this population.

Review of Literature

Disparities for the Dually Diagnosed Homeless

Homeless patients who are dually diagnosed with schizophrenia and chemical dependency face a great deal of stigma, which in turn compromises their quality of life. These patients are often viewed as a burden, which decreases their sense of self-worth and makes them even less likely to seek treatment and recovery (Davidson et al., 2008). The dually diagnosed homeless have little motivation to recover and are difficult to engage in treatment programs.

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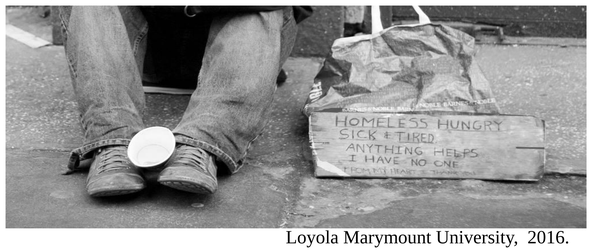
Review of Literature Cont.

Schizophrenia impedes cognition and concentration, which makes problem solving difficult. When coupled with chemical dependency and homelessness, further deterioration of coping skills, stress responses, and problem solving abilities occur. That being said, these patients make very slow progress in treatment programs, and retention rates are low (Horsfall et al., 2009). Homelessness is often the result of the comorbidity of chemical dependency and severe psychosis. Poor social skills, ineffective coping mechanisms, and difficulty maintaining jobs increases the likelihood of experiencing chronic homelessness (Sun, 2012). Other negative outcomes of dual diagnosis include frequent hospitalization for psychosis or overdose, incarceration, treatment noncompliance, social isolation, and suicidal or homicidal ideations. Additionally, the dually diagnosed homeless have higher rates of prostitution, contributing to the development of HIV (Drake et al., 1998).

The dually diagnosed homeless are much less likely to seek treatment than patients of other socioeconomic statuses. Homeless patients have an immediate need for food, shelter, and security, and according to Maslow's hierarchy of needs, these physiological needs take priority over the need for treatment of their mental health and substance use disorders (Velasquez et al., 2000). When these patients do seek treatment, they do not get the correct or necessary treatment. Substance abuse and mental health treatment programs are often unavailable in homeless shelters, and when available, they are not motivation-oriented, thus are ineffective for this population (Velasquez et al., 2000). Services for mental health and substance abuse disorders are poorly integrated, but research has shown that integrated programs have greater efficacy than separated programs for psychosis and substance use in the dually diagnosed homeless (Barrowclough et al., 2001).



Loyola Marymount University, 2016.

Review of Literature Cont.

Evidence-Based Interventions for Treatment and Care

Dually diagnosed homeless patients often have difficulty obtaining treatment, but there are many accessible treatment options that have had positive outcomes when integrated properly. Motivational interviewing is an intervention used to increase patients' motivation for change. This is especially helpful for homeless patients with schizophrenia who already suffer from avolition (Velasquez et al., 2000). In motivational interviewing, patients take responsibility for their problems, and efforts to change do not start until patients are committed to their own goals (Horsfall et al., 2009). For patients who are unsure of their desire to change, this can increase their motivation and their likelihood of recovery (Barrowclough et al., 2001). Another treatment to improve mental health and substance abuse outcomes is cognitive behavioral therapy. Cognitive behavioral therapy helps patients identify their internal and external triggers that lead them towards unhealthy habits. This treatment helps patients recognize escalating symptoms, cope with cravings in a healthy way, and helps them change the views they have towards substance use (Sun, 2012). An additional treatment shown to reduce homelessness, substance use, and psychiatric symptoms is assertive community treatment. This is an outreach-oriented, integrative approach that includes multidisciplinary teams to directly provide comprehensive services for patients (Sun, 2012). Housing support and the provision of residential facilities has also shown positive treatment outcomes.

A study of patients treated in an integrative program of motivational interviewing and cognitive behavioral therapy showed:

- Decreased positive and negative symptoms of schizophrenia
- Increased Global Assessment of Functioning scores from 49.7 to 58.4 in one year
- Increased number of days abstinent from drugs and alcohol
- Increased Social Functioning Scale scores (Barrowclough et al., 2001)

A study of patients treated in an integrative program of assertive community treatment and housing support showed:

- Decreased inpatient hospital stays
- Greater compliance with follow-up appointments
- Reduced homelessness
- Higher retention rates in treatment programs
- Decreased incarceration
- Report of greater satisfaction and self-efficacy (Barrowclough et al., 2001)

The results shown by various integrative programs for the dually diagnosed homeless have far surpassed those typically available to this population. An integrative approach to care allows the dually diagnosed homeless to receive the treatment they need to maintain safety and achieve an improved state of wellness.

Implications for Evidence-Based Practice

Various ways to encourage the utilization of these integrative services in homeless adults dually diagnosed with schizophrenia and chemical dependency include:

- Encourage a therapeutic, trusting alliance with these patients as they are often reluctant to seek care or engage in social interaction.
- Provide education to homeless shelters to encourage the use of these integrative interventions rather than 12-step programs alone (Velasquez et al., 2000).
- Assist dually diagnosed homeless patients in obtaining government entitlements and support (Medicaid, food stamps, etc.) to ensure that physiological needs are met (Sun, 2012).
- Offer education about dual diagnosis and treatment options to homeless patients in the community.
- Screen schizophrenic patients for substance use regularly, as dual diagnosis alters treatment needs.
- Assess and reassess patients' motivation for change, and tailor interventions to fit the patients' readiness for change.
- Assess resources, if any, that the patient has, as these could increase motivation for change (Horsfall et al., 2009).
- Assess progress of patients receiving integrated treatment (Velasquez et al., 2000).

References

Available upon request.