

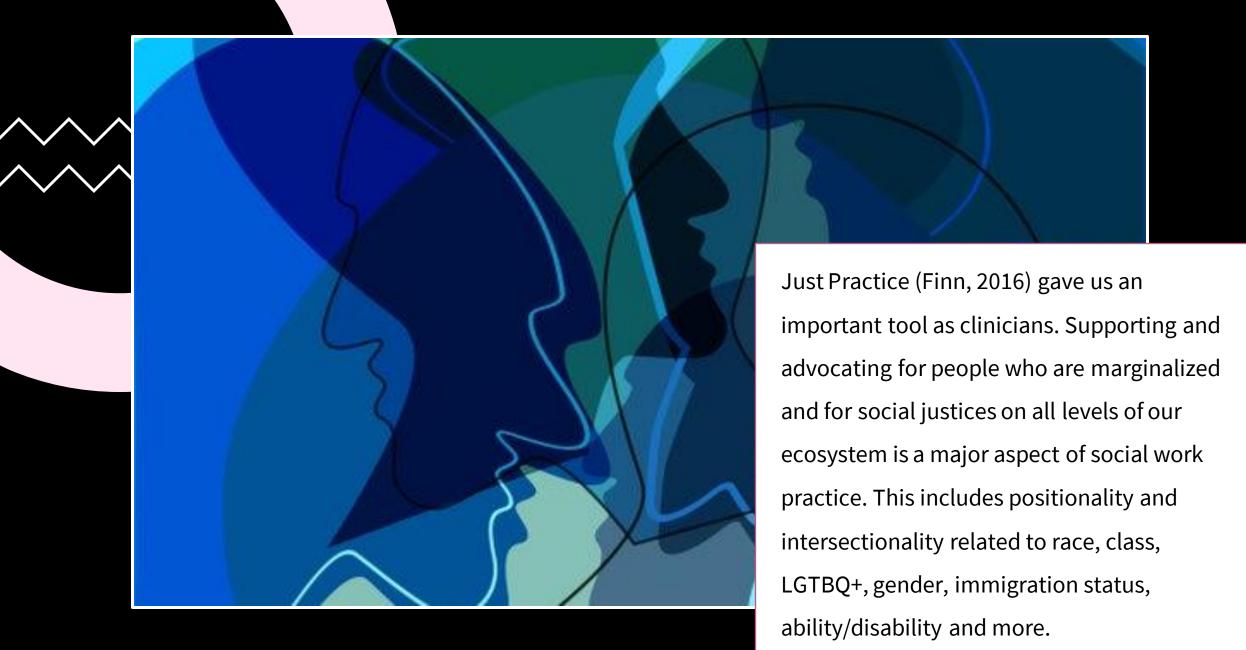
What is the Influence of Substance Use Disorder (SUD) on Suicidality Among People with Severe Mental IIIness (SMI)?

BY: LIZ LAZARUS



Serious/Severe Mental Illness (SMI)

Yayoi Kusama



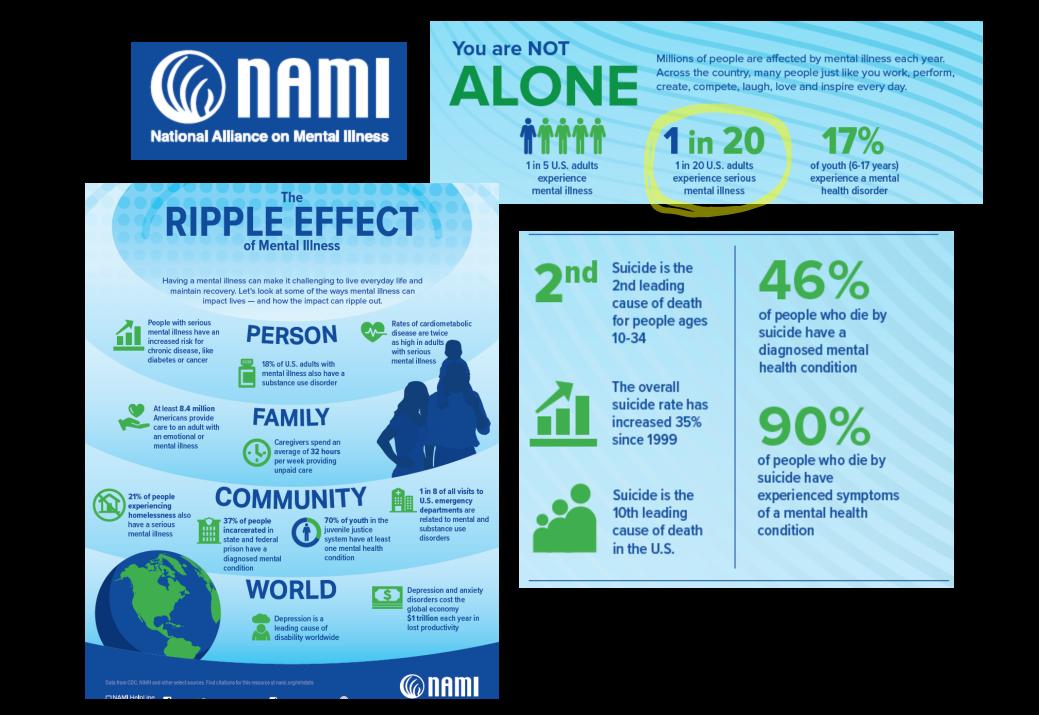
Any Mental Illness (AMI) vs. Serious or Severe Mental Illness (SMI):



SMI includes:

- Major Depressive Disorder (MDD)
- Bipolar Disorder (BD)
- Schizophrenia [spectrum?]

SMI is a disability and a disability that often leads to marginalization
and alienation. Even with proper treatment, it is difficult to lead a life
like someone who does not have any mental illness.





Suicidality

Van Gogh

The World Health

Organization (2021a; 2000)

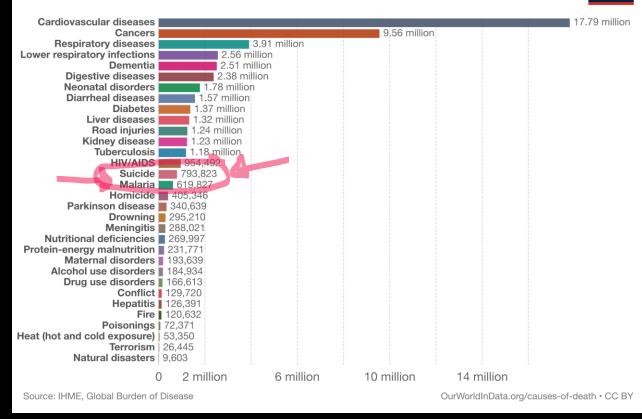
has considered suicide a

global health issue for

over 20 years.



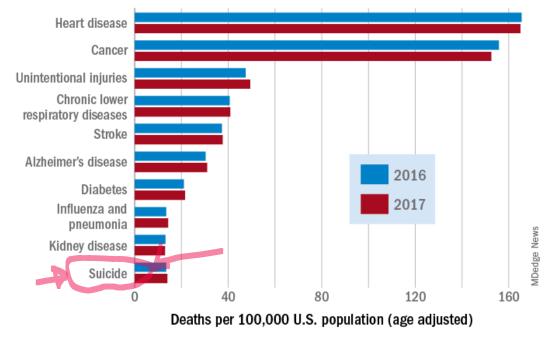
Number of deaths by cause, World, 2017



Ten leading causes of death, 2016 and 2017

Our World

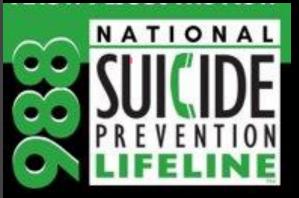
in Data



Note: Based on data from the National Vital Statistics System. Source: National Center for Health Statistics

Coming in 2022:

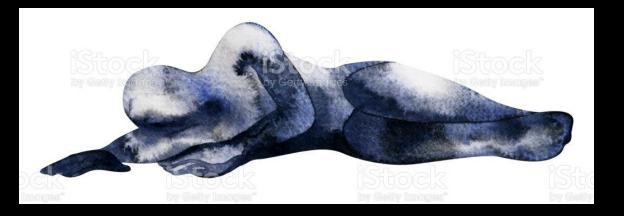
New U.S. suicide hotline will be "<u>988</u>"



Definition of suicidality according to the American Psychological Association (APA)

suicidality

n. the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan.



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People with SMI are overrepresented in suicide data.

People with SMI represent 4.6% of the whole U.S. population & 8.7% of deaths by suicide (Hancq et al., 2021)





Substance Use Disorder

Edvard Munch

Substance Use vs. Substance Use Disorder (SUD):



According to SAMHSA (2020a), Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, '

meet major responsibilities at work, school, or home.





In addition to SMI, research studies have shown substance use disorder (SUD) to be a significant risk factor for suicidality. (Darvishi, 2016; Lynch et al., 2020; Poorolajal et al., 2016; SAMHSA, 2016).





People diagnosed with SMI are about 25% more likely to live with substance use disorder (SUD), defined with the inclusion of alcohol use disorder (AUD), as compared to the general population (Hancq et al., 2021; NIDA, 2021).

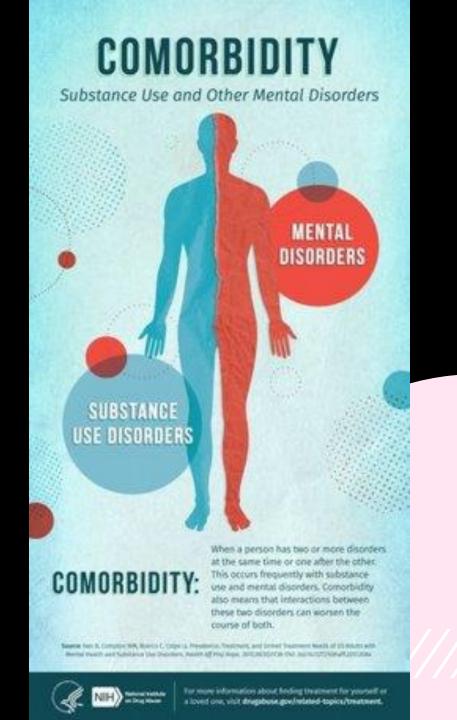
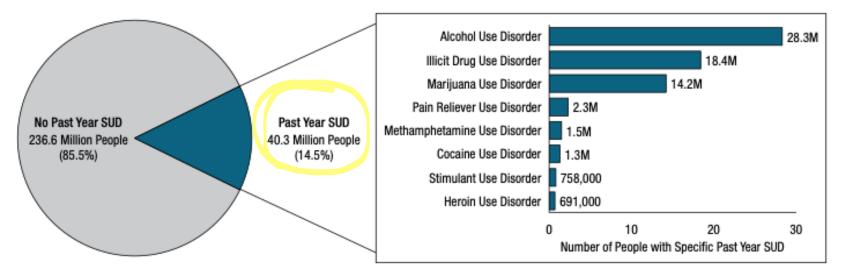




Figure 27. People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2020



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

(SAMHSA, 2020b)



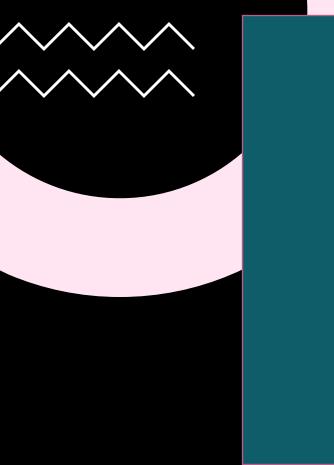


Figure 36. Past Year Substance Use Disorder (SUD) and Serious Mental Illness (SMI): Among Adults Aged 18 or Older; 2020

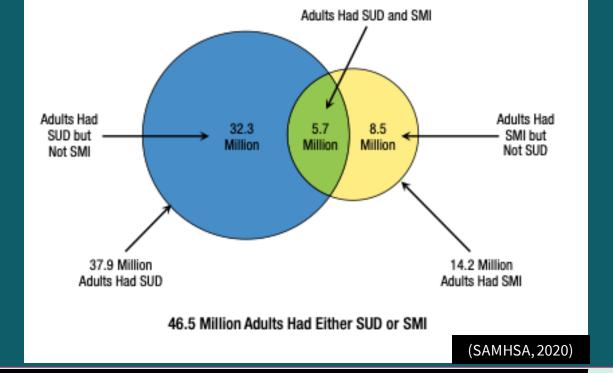
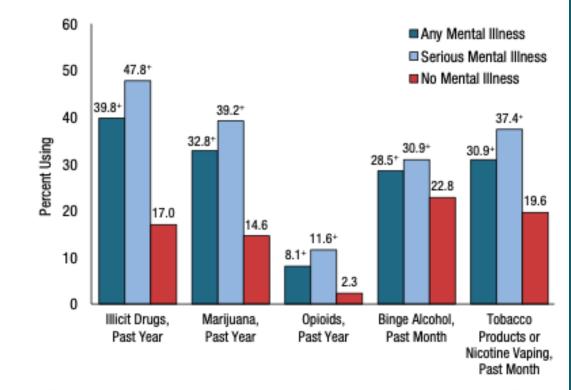






Figure 37. Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2020



⁺ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

(SAMHSA, 2020)



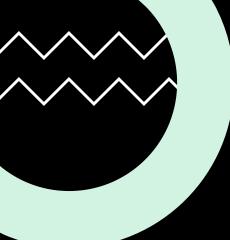
Although percentages sound small, millions of people are affected.

Despite insight into correlation, causality of comorbid SMI and SUD remains unknown.

Research Topic: Influence of SUD on Suicidality among people

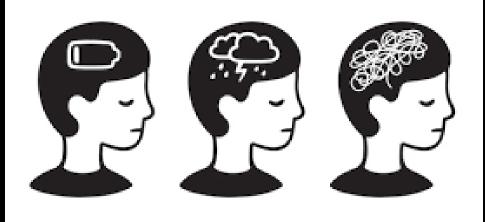
with SMI

Mark Rothko



SMI and SUD comorbidity increases the risk of suicidality, as compared to SMI or SUD alone (Baldessarini, 2019; Esang & Ahmed, 2018, Ostergaard et al., 2017; Park, 2019; Poorolajal et al., 2016).





Hypothesis

Different types and combinations of SUD affect suicidality among people with SMI in different ways.

MDD and AUD are a combination

that leads to high risk of suicide.







People diagnosed with

comorbid BD and AUD (Oquendo,

2010) and/or SUD have increased

risk of suicide attempt (Carrà et al.,

2018; Oquendo 2010).



A recent study from Denmark investigated different combinations of SMI and SUD for suicidality (Ostergaard, 2019). The risks were higher for attempted suicide, as compared to completed suicide and the risk of suicide attempts increased among populations of each SMI who used any substance.

Alcohol was the strongest association, followed by other illicit substances and, lastly, cannabis.



A recent study from Denmark investigated different combinations of SMI and SUD for suicidality (Ostergaard, 2019).

People with BD also showed increased risk of suicide with cannabis use, but not risk of suicide attempts.

A surprising finding was that suicide risk decreased among cocaine users who were diagnosed with schizophrenia.

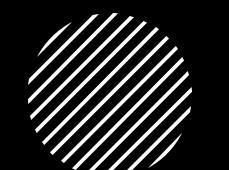
Treatment | Implications

Frida Kalho

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Other Risk Factors for Suicidality Among People with SMI

Recent literature reviews show common risk factors for suicidality among people diagnosed with schizophrenia, BD and MDD include genetic or biological factors, family history of suicide, past trauma, severity of diagnosis, early onset of symptoms, and sociodemographic factors related to social isolation (single, living alone, no children, unemployment, etc.) are mentioned (Cassidy et al., 2018; Miller & Black, 2020; Plans et al., 2019; Orsolini et al., 2020). Additionally, comorbid SUD, AUD and/or substance misuse was repeatedly mentioned.





Further research is needed for clarity and consistency regarding best practices for suicide risk prevention among people with comorbid SMI and SUD.



What has shown to reduce risk of suicidality among people with SMI?

- Adhering to prescription medicine
- <u>Addressing substance use disorder</u>
- Educate clinicians and health providers
- Family engagement [and a 'crisis plan']





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Best practices in treating comorbid

SMI and SUD address both diagnoses

at the same time rather than

treating each separately

(NIDA, 2020).

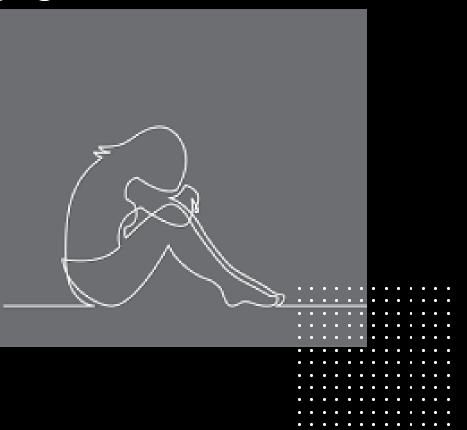
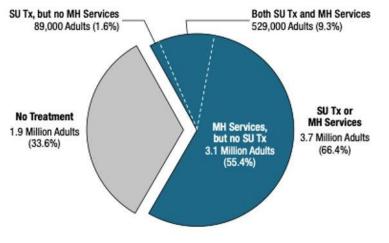


Figure 55. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2020



5.7 Million Adults with a Substance Use Disorder and Serious Mental Illness

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

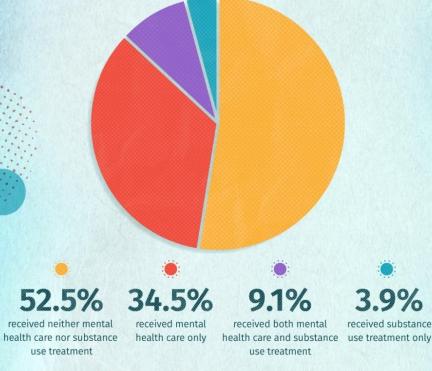
MH = mental health; SU Tx = substance use treatment.

Note: The percentages do not add to 100 percent due to rounding.

WHO GETS TREATMENT?

There are many effective treatments for both mental and substance use disorders. A comprehensive treatment approach will address both disorders at the same time.

Not everyone with co-occuring conditions gets the treatment they need.



Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders. 2017.

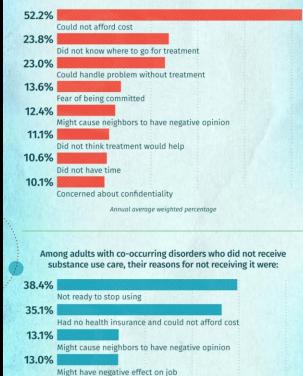


For more information about finding treatment for yourself or a loved one, visit **drugabuse.gov/related-topics/treatment.**

WHAT ARE THE BARRIERS TO GETTING TREATMENT?

Even among people who want to find help, barriers exist to receive it.

Among adults with co-occurring disorders who did not receive mental health care, their reasons for not receiving it were:



Did not know where to go for treatment

No program had the treatment type

Had insurance, but did not cover treatment cost

Annual average weighted percentage Please note, respondents could provide more than one response

Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs

of US Adults with Mental Health and Substance Use Disorders. 201



11.5%

9.9%

9.0%

More Research is Needed

- Little or no relative qualitative studies have been found.
- Why doesn't SMAHSA look at data with this level of detail?
- Investigating influence of SUD on suicidality SMI how much does context and/or environment matter?
- What would the results of the Denmark study be if we were looking at a different culture and/or more ethnically diverse population?





"According to the Substance Abuse and Mental Health Services Administration (SAMHSA), professional social workers are the nation's largest group of mental health services providers. There are more clinically trained social workers—over 200,000—than psychiatrists, psychologists, and psychiatric nurses combined."

National Association for Social Workers (NASW, n.d.)

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