FRONTLINE PERSPECTIVES
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Attitudes of Health Care Professionals Towards Addictions Clients Accessing Mental Health Services: What Do We Know and How Can this be Used to Improve Care?

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ABSTRACT

Addictions usually go hand-in-hand with mental health issues, and vice versa. Many mental health clinicians demonstrate misunderstanding and judgement of those suffering from concurrent disorders (aka dual diagnosis). These judgements may result in failure to recognize addictions issues as chronic conditions that require treatment, resulting in negative impacts on direct client care. The current research literature on negative attitudes of mental health care professionals towards clients with concurrent addictions issues is surveyed, and evidence-based strategies that may serve to improve staff attitudes (particularly in inpatient settings) are considered.

Key Words: staff attitudes, concurrent disorders, negative attitudes, strategies, addictions

Acute psychiatric inpatient units in general hospitals often do not offer specialized concurrent disorders treatment (Kedote, Brousselle & Champagne, 2008). Mental health care professionals' judgements, stereotyped perceptions and negative attitudes towards clients with comorbid addictions and mental health issues can result in the failure to recognize addiction as a treatable chronic condition, with the result being poor client care (Ballon & Skinner, 2008; Richmond & Foster, 2003). Clearer understanding of the impact of negative attitudes of staff on client care is necessary because concurrent disorder clients demonstrate relatively high utilization rates of mental health services (Kedote et al., 2008).

What follows below is a literature review that: (1) explores current research on negative attitudes of mental health care professionals towards clients with concurrent substance addictions issues in order to identify the negative impacts on client care, and (2) provides an overview of current evidence-based strategies that may be used to improve attitudes of staff working in inpatient facilities.

Addictions issues in mental health.

In Canada, approximately 20% of the adult population will meet the diagnostic criteria for a mental illness at some time in their lives (Russell, 2009). Addiction disorders include substance use such as smoking, alcohol, drug use or process addictions like gambling, video games or excessive Internet use and shopping (APA). When an individual meets diagnostic criteria for a second mental illness in addition to addiction (also a mental illness) they are said to have a concurrent disorder (Russell).

Since the late 1980s the number of clients with both mental health and addictions issues accessing treatment and support has increased significantly (Health Canada, 2002). Concurrent disorders are the most financially costly of psychiatric disorders (McCrone et al, 2000).

Health Canada recognizes that there is a need to increase comprehensiveness of services for those suffering from concurrent disorders. (Health Canada, 2002). Research conducted in the United Kingdom indicates that individuals suffering from concurrent disorders are associated with poorer treatment outcomes [for example worsening psychiatric symptoms, increased use of institutional services, and poor social outcomes such as negative impact on career and family (Adams, 2008)].

The research that has been published in Canada focuses primarily on better coordination of services, screening, assessment, and treatment/support of this population (Health Canada, 2002; Standing Senate Committee on Social Affairs, Science, and Technology, 2004). There is limited Canadian research on the impacts of mental health care professionals' attitudes on client outcomes (Of note, international research evidence clearly highlights the negative effects).

Literature Review

A literature search was conducted using Google Scholar and CINAHL. The key search terms included: concurrent disorders, dual diagnosis, stigma, attitudes, addictions, psychiatry, nurses,

health care professionals, inpatient and mental health. Only research articles from peer reviewed academic journals focused specifically on adult populations were chosen. Articles published from 1999 to 2012 were assessed for their relevancy to the question, "What is known about attitudes of health care professionals towards adult clients diagnosed with concurrent disorders and what are specific strategies that can be used to improve the attitudes of health care professionals working with these clients"?

Attitudes within Inpatient Settings

The majority of studies indicate that negative attitudes of inpatient staff have a negative impact on client care, including access to and outcomes of treatment (Brener, Hippel, Kippax, & Preacher, 2010; Howard & Holmshaw, 2010; Rao, Mahadevappa, Pillay, Sessay, Abraham, & Luty, 2009; Schulte, Meier, Stirling, & Berry, 2010; Wilson, Holland, Mason, Reeve, & Ash, 2010).

Many concurrent disorder clients in Canada are heavy users of emergency rooms and general inpatient acute psychiatric units (Kedote et al., 2008). The challenges faced on an inpatient setting (24 hour, acute care facilities and tertiary rehabilitation settings) are significant. There is inevitably a diverse mix of voluntary and involuntary clients with diverse treatment needs (Health Canada, 2002; Howard & Holmshaw, 2010).

To make matters worse, stigmatized patients often deny their substance use (Ford, Bammer, & Becker, 2009) and attempt to evade detection and its attendant shame provoking responses.

Staff attitudes are negatively impacted by the multiple ethical dilemmas faced when trying to effectively treat concurrent disorder clients. For example, in a mixed method study that used both quantitative survey and qualitative interview the problematic areas identified when working with inpatient concurrent disorder clients were difficulties in maintaining a safe environment and managing additional problematic factors that co-occur with client's drug use such as supplying drugs to other patients (Howard & Holmshaw). It was also noted that there was increased difficulty in engaging with clients (Howard & Holmshaw).

Nurses also experience difficulty with violence and aggression due to clients bringing in substances and staff being responsible for their removal (Howard & Holmshaw, 2010). There can also be a lack of supervisor support and difficulty in accessing managers for knowledge and guidance (Howard & Holmshaw).

Staff are stressed by a perceived lack of support structures in decisions made to address illicit substance use. Although training is identified as beneficial, most staff report they require more specialized training and support (Howard & Holmshaw, 2010; Schulte et al., 2010).

Negative attitudes also stem from inconsistency in follow through from team discussion about specific policies and protocols (Howard & Holmshaw; Wilson et al., 2010). For example, staff report being confused about policy and protocols, most prominently with respect to tolerance of drug using behaviour and concerns about legal responsibility and repercussions (Wilson et al.). These findings suggest that organizational issues like lack of structure, unclear policies and procedures, lack of accessible leadership and lack of specialized addictions education all negatively impact staff attitudes. An organization's operating structures are a good place to begin implementing care improvement strategies.

Stereotyping of clients by staff negatively impacts on client care (Rao et al., 2009). For example, intravenous drug users who are perceived as being in control of their drug use elicit more negative attitudes towards them (Brener et al., 2010). However, attitudes were less stigmatized towards clients with substance use disorders who were recovering or who were in remission (Rao et al.).

Some negative attitudes are also mitigated when clients with both active psychiatric symptoms and substance use demonstrate motivation to access care. It is therefore worthwhile to promote positive images of people with substance use disorders in all stages of recovery (Rao et al.). This research also indicates that strategies used to increase understanding of, confidence in, and empathy towards this client population may lead to improvements in care.

Interestingly, in Roa et al., health professionals' responses also indicated stigmatized attitudes towards non-addictions diagnoses (like schizophrenia), which worsened towards patients identified as being from a secure hospital as opposed to a voluntary treatment facility.

Staff personal use of illicit substances also influences their attitudes, as those who are abstainers reported higher need for addictions intervention in mental health clients (Richmond & Foster, 2003). Further, attitudes appear to differ based on level of involvement in direct client care and in terms of interdisciplinary profession. For example, nurses are less tolerant of substance abuse and express more negative attitudes towards substance use than social workers (Richmond & Foster, 2003).

The limitations of this type of research are that hypothetical patients rather than real encounters were being evaluated by participants (Rao et al., 2009) and use of a self-report questionnaire method resulting in respondents' social desirability bias (Howard & Holmshaw, 2010; Rao et al.; Richmond & Foster, 2003; Silins, Conigrave, Rakvin, Dobbins, & Curry, K. 2007). Some of these studies use non-generalizable sampling techniques such as convenience sampling (Howard & Holmshaw; Rao et al.).

In contrast, a quantitative study conducted by Pinikahana, Happel and Carta (2002) shows a generally positive attitude of mental health professionals towards drug and substance abuse. The majority of respondents were optimistic that drug and alcohol dependence are treatable. However, respondents reported very strong views against things like teenage experimentation with cannabis, permitting tobacco smoking in schools and parole eligibility for persons convicted of the sale of illicit drugs, indicating less tolerance for drug use behaviour. These negative judgements about client's engaging in substance use may impede building a trusting therapeutic relationship indicating the importance of focusing on strategies to help maintain and rebuild these bonds.

Negative Impacts on Client Care.

Staff working in psychiatric inpatient environments must balance their legal, health and safety responsibilities with the potentially conflicting role of providing care and fostering a therapeutic relationship, utilizing recovery-focused interventions for both mental health and substance use issues (Wilson et al, 2009). Much of the current literature offers a universally negative perception of the effectiveness of services for people with concurrent disorders (Adams, 2007). For example, in their attempt to deliver mental health care, staff sometimes openly display feelings of frustration, resentment, and powerlessness in response to a client's ongoing substance use behaviours (Deans & Soar, 2005).

Role adequacy, legitimacy and support are essential components of therapeutic commitment (Munro, Watson, & McFadyen, 2007). The lack of certainty about how to interact with substance-misusing clients and accessibility of appropriate advice and support negatively impact nursing care as these are central to successful intervention (Munro et al, 2007).

Negative staff attitudes are also associated with negative client outcomes such as relapse, increased client aggression, and other invasive interventions (Dolan & Kirwan, 2001).

Improving Care of Concurrent Disorder Clients

Improving confidence and capabilities of practitioners is the best way to improve staff attitudes (Manley, Gorry, & Dodd, 2008). Four primary strategies are identified in the literature to improve confidence and capability: (1) formal education in the professional preparation program, (2) ongoing job training, (3) development of clear policy and procedure, and (4) changing workplace culture. Ideally a combination of all of these components should be integrated in order to optimize care (Ford, Bammer, & Becker, 2009; Gilchrist et al., 2011).

Formal Education

Previous research affirmed that increased education is positively correlated with non-moralism and non-stereotyping attitudes towards clients with addictions issues (Richmond & Foster, 2003). Staff educated at a post-graduate level were less moralistic in their treatment interventions while also displaying greater treatment optimism.

Creating partnerships between treatment services and higher education institutions provides an opportunity to develop courses that link to practice (Manley et al., 2008). There is opportunity to integrate theory with practice through engaging service users and staff who work in this area to develop and deliver training to health care professionals at the university preparation level (Manley et al.). One example is inclusion of reflective techniques in the university curriculum.

Reflective Techniques

Ballon and Skinner (2008) provide an example of a specific educational technique being utilized in the discipline of psychiatric medicine: reflective journaling is done in order to increase critical self-awareness of attitudes, values and beliefs related to working with clients with substance use and other addictive disorders(Ballon & Skinner). The reflective process encourages the learner to challenge their current stereotyped beliefs and negative attitudes, thereby facilitating a transformative learning process.

Exposure

There is also significant improvement in the attitudes of medical students towards substance misusers after exposure to education modules that include interaction with clients with drug and alcohol problems in a small-group or one-to-one interview setting (Silins et al., 2007). However, this research is limited to medical students.

Ongoing Job Training

Training can help (Howard & Holmshaw, 2010; Lee, Cameron, Harney, & Roeg, 2011), and should include a structured program covering all aspects of providing care including education on roles and responsibilities of multidisciplinary staff in relation to issues of illegality and police liaison (Howard & Holmshaw). Delivery methods may include standardized on-line modules (Manley et al., 2008), sharing of interdisciplinary perspectives (Howard & Holmshaw), and training delivered between different agencies.

Duration of exposure and variety of shared perspectives may also help. For example, Munro et al. (2007) found that a four-day educational session was effective in producing sustained improvement in participants' therapeutic attitudes.

Involvement in a brief two-day training program that included all members of the service team was reported as an overall positive experience for clinicians (Lee et al., 2011). The training involved screening, assessment, case formulation and practice with a specific screening and intervention package (called PsyCheck). Attitudes towards, and confidence in, working with concurrent disorder clients appeared to improve following exposure to the training (Cameron, Lee & Harney, 2010).

Development of Clear Policy and Procedure

Staff attitudes are positively influenced by having clear theoretical and practical frameworks to manage the use of alcohol and illicit substances in a therapeutic environment. Well defined structure helps staff feel more supported in their clinical roles and feel enabled to develop their knowledge and skills when working with a complex and challenging client group (Wilson et al., 2009). For example, it is advantageous to use person-centred care that supports the whole client in keeping in touch with their sense

of internal locus of control. Such interactions are more time consuming but ultimately produce better long-term outcomes insofar as they decrease clients' internalization of stigma, loss, shame, defeat, fear, and treatment aversion (Horsfall, Cleary & Hunt, 2010).

Changing Workplace Culture

Negative attitudes towards substance users are often deeply embedded in the culture of a particular workplace, acting as both covert and overt barriers to optimal detection, understanding and management of clients with drug and alcohol problems (Gilchris et al., 2011; Silins et al., 2007). They suggest that certain stereotypical and denigrating terms should be deemed unacceptable, unprofessional and unethical for use by mental health professionals (Horsfall et al., 2010). Further, mental health professional must demonstrate positive role modeling for their coworkers and should actively engage in advocacy in the form of public education and anti-stigma programs (Horsfall et al.).

Future Recommendations

As most of the research on attitudes towards concurrent disorders clients is conducted in the United States, the United Kingdom and Australia, additional research must be done within Canadian populations and settings in order to determine the degrees to which the same negative sentiment exists here, and to identify the specific impact on care across disciplines.

Further, specific strategies that have been identified as successful elsewhere in improving the attitudes of staff towards concurrent disorder clients' addictions issues must be researched in Canadian populations in order to determine their effectiveness and establish their use for best practice.

Conclusion

We can and should look at our biases and judgemental postures and humbly strive to do better.

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