



WELCOME BACK, COMMUNITY MEMBERS!

The theme of this issue is co-occurring substance abuse in patients with psychosis diagnosis, as about 50% of individuals with schizophrenia also struggle with substance abuse. Studies have shown that substance users have significantly poorer outcomes than non-users. There are also studies indicating that substance use in vulnerable populations can lead to an earlier onset of psychosis with more severe symptoms. We feel this is a particularly relevant issue for our patient population, and we hope that you will find this newsletter informative and enjoyable.

IN THE NEWS

UMass to Lead a New Study on Schizophrenia and Substance Use by Maya Duffy, Psychotic Disorders Program

An investigator initiated, multi-site study led by UMass to test a novel treatment approach for co-occurring substance use in patients with schizophrenia will be launched soon. Of the population of individuals with schizophrenia, nearly half will develop a substance use disorder within their lifetime — roughly four times than that of the general population! Although the combination of schizophrenia and co-occurring substance abuse can be hard to manage in the outpatient setting, recent research has suggested that dopamine receptor partial agonists decrease substance craving and addiction by balancing the brain's reward circuit. In this novel, multi-site investigation, the UMass Psychotic Disorders Program will collaborate with University of North Carolina at Chapel Hill and Massachusetts General Hospital/Harvard in examining the effect of brexpiprazole, a newly approved dopamine receptor partial agonist for schizophrenia treatment, in the treatment of co-occurring substance abuse and on the overall quality of life in this patient population. To learn more about the study or refer patients to participate in the study, please contact us by phone at 508-856-MIND or by email at MIND@umassmed.edu.

Supervised Injection Facilities by Zain Raza and Amy Harrington, Psychotic Disorders Program



With a one out of five deaths in patients with opioid use disorder, the opiate epidemic surpasses any other addictive substance in rate of serious illness and mortality. In response to the public outbreak, Massachusetts House of Representatives has proposed a bill to authorize the building of a supervised injection facility (SIF) in Boston. SIFs provide a safe and sanitary space for individuals to use substances while having the option to seek medical treatment from healthcare professionals and additional services through social workers.

Such facilities have already been implemented in many cities across Europe and Australia, but the only supervised injection facility in North America is located in Vancouver, Canada.

We interviewed Dr. Amy Harrington, an addiction psychiatrist and member of the Psychotic Disorders Program, about SIFs. Dr. Harrington's interest in addiction medicine was piqued when she was in medical school and worked as part of a needle exchange program where she saw the effect of medical support for drug users. Dr. Harrington highlighted up several public health benefits of SIFs, based off previous success in Europe and Australia, such as reduced amount of incidents of public injection, decreased public discarding of syringes, and lower crime rates in the area. In addition, Dr. Harrington mentioned how SIFs help patients in ways that the current system has fallen short, particularly with respect to issues of sanitation. Individuals who use substances often do not have access to clean water, so they use toilet water or even urine to dissolve drugs. With the implementation of SIFs, individuals would be provided sanitary water and sterile needles, reducing the possibility of infection and disease transmission, and would also receive resources to healthcare and other social services. For a recent update regarding the discussion on SIF implementation in Boston, click [here](#).

GLOBAL PERSPECTIVE

Mental Health Care in China and the US by Jiang Du, Shanghai Mental Health Center

Dr. Jiang Du, MD, PhD, is an associate professor of Psychiatry at Shanghai Mental Health Center and Shanghai Jiaotong University as well as the Director of the Shanghai Drug Addiction Treatment Center. She works in both inpatient and outpatient facilities in Shanghai, and she is currently a visiting scholar at the UMass Psychotic Disorders Program in Worcester. We recently asked her about China's standard of care in the treatment for individuals with co-occurring substance use and psychotic disorders.



From her experience working from both cultural perspectives, Dr. Du feels that symptoms of substance use and psychotic disorders are similar between the two countries, so similar that China and the United States even share medication based treatment regimes when working with these patient populations. However, there are cultural differences between the two countries regarding how psychiatric and substance use disorder are perceived, especially regarding societal beliefs and stigma.

Dr. Du explains that psychiatric disorders, particularly psychotic disorders, are often associated with weakness and dishonor existing beyond the individual and extending throughout the familial lines. The societal stigma originates from a widespread belief that mental illness is a punishment for an ancestors' misconduct, shaming successive generations of the family simultaneously. Therefore, individuals and families will delay or prohibit professional help seeking to avoid bringing disgrace to the family. A similar stigma is associated with individuals who use substances. Dr. Du describes that in Chinese culture, individuals with substance use disorder are characterized as "immoral people". This stigma acts as a major barrier to care for those with substance use disorder as they delay help-seeking and treatment in fear that they will be shamed by society. Dr. Du is currently examining the effects of stigma on treatment; her current research evaluates cultural and institutional factors which have contributed to the decline in methadone maintenance treatment facilities in China.

RESOURCES

AdCare Hospital by Paula Morrissette, AdCare

AdCare Hospital in Worcester specializes in treatment for dual diagnosis, offering several levels of specialized care options including inpatient treatment, outpatient services, and family services. Their inpatient unit is dual diagnosis sensitive and is mainly intended for detox and rehabilitation levels of care. First, they conduct a psychiatric evaluation with behavioral health services available if needed. It is important to note that they do not take patients who are experiencing acute psychosis; they will be referred out and return once stabilized. Within the inpatient rehabilitation unit, there are morning dual diagnosis groups on Monday, Wednesday, and Friday.

AdCare offers an intensive outpatient program conducted by clinicians and behavioral health professionals experienced in dual diagnoses of mental illness and substance use disorders. The program is offered Monday through Friday, and, to reduce transportation barriers to treatment, bus passes are offered for those who live in Worcester and transportation may be arranged for those who live within surrounding area. There are also dual diagnosis programs offered at several outpatient locations which aim to provide integrated care by collaborating with outpatient providers. Such collaboration includes the establishment of Dual Recovery Anonymous meetings by AdCare and Genesis Club. This 12-step recovery group is open to all. If you would like more information about AdCare's outpatient services, click [here](#).

JOB OPENING

The Psychotic Disorders Research Program is looking for highly motivated individuals for the positions of Research Coordinator and Clinical Research Assistant. The Research Coordinator is responsible for carrying out multiple complex research protocols and must have at least one year of related experience, and the Clinical Research Assistant is responsible for performing delegated tasks and procedures involving human subjects in support of clinical research protocols and must have at least a bachelor's degree in a scientific or health care related field. If you would like to learn about the job openings or to apply, please click the corresponding link.

For Research Coordinator, click [here](#). For Clinical Research Assistant, click [here](#).

SEEKING STORIES AND SUBMISSIONS

Our next issue has a centralized theme of Arts, Music, and Culture. If you have any stories or submissions regarding psychosis and arts, music, or culture, please send it to us to be featured in our next issue. We would love to hear from the members of our community network!

The Central Massachusetts Psychosis Network aims to create a community space to build knowledge, develop skills, and share resources regarding psychosis, schizophrenia and severe mental illness. Please share with us your novel ideas, useful resources, upcoming events, research updates and inspiring stories. If you know of anyone who is interested in joining the network or if you prefer not to be part of the network, please let us know. You may reach us by phone at 508-856-MIND (6463) or by e-mail at mind@umassmed.edu. This network was developed by the UMass Psychotic Disorders Clinical and Research Program, which includes four major components: clinical care, research, community outreach, and global initiatives. To learn more about us, click [here](#).

