



The Role of Race in Admission to a Dual Diagnosis Unit Versus General Inpatient Psychiatric Unit in those with Active Substance Use

CALVIN SUNG 

RACHAEL HOLBREICH

AMY SWIFT

CARISSA KYMISSIS

LISA COHEN

*Author affiliations can be found in the back matter of this article



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RESEARCH DAY 2021

PUBLISHED ABSTRACT

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Psychiatric disorders are highly comorbid with substance use disorders, and the presence of co-occurring conditions increases severity of illness and complicates recovery. Those with comorbid mental illness and substance use disorders may benefit from specialized services, specifically integrated dual diagnosis treatment. Admission to a dual diagnosis unit requires health care providers to consider a number of factors, including severity of illness, psychiatric history, bed availability, and providers' perceived likelihood of benefit of specialized services. Ideally, decisions regarding the necessity of substance use treatment are made independent of race, and yet, racial disparities exist among those who are offered substance use treatment. The aim of this study was to evaluate the demographic differences of patients who are identified as having active substance use admitted from the comprehensive psychiatric emergency program (CPEP) to a dual diagnosis unit versus those admitted to a general inpatient psychiatric unit. Our study consists of a retrospective analysis of patients, aged 18–90 (n = 100), admitted to either a dual diagnosis unit (8B) or general psychiatric unit (6K) at Mount Sinai Beth Israel (MSBI), a private metropolitan hospital in New York City, between November 1st to November 30th, 2020. We hypothesized that there are racial disparities in unit assignments while accounting for a variety of potentially relevant demographic and clinical variables. The primary outcome was a comparison of demographic factors, particularly racial composition, of those admitted to the dual diagnosis unit versus those admitted to the general psychiatric unit. After accounting for 6 clinical and 3 other demographic variables, patients of Black race were over 5 times more likely (adjusted odds ratio 5.31; P = 0.011) to be assigned to 8B than patients of White, Asian, or Other race. Additional contributors to 8B assignment were male gender, IM or IV PRNs, and documented substance use (**Table 1**). There were no significant differences between Black and Non-Black patients in rates of substance use detected on toxicology (**Table 2**). These findings suggest that race may be a driving factor in unit assignment, and unconscious racial bias may potentially confound admission decision-making, limiting access to available resources and services for some populations. More research is needed to understand factors contributing to racial disparities in substance use treatment.

CORRESPONDING AUTHOR:

Calvin Sung

Mount Sinai Beth Israel,
Department of Psychiatry, US
calvin.sung@mountsinai.org

KEYWORDS:

race; dual diagnosis;
psychiatry; substance use;
admission

TO CITE THIS ARTICLE:

Sung C, Holbreich R, Swift A, Kymissis C, Cohen L. The Role of Race in Admission to a Dual Diagnosis Unit Versus General Inpatient Psychiatric Unit in those with Active Substance Use. *Journal of Scientific Innovation in Medicine*. 2021; 4(2): 16, pp. 1–3. DOI: <https://doi.org/10.29024/jsim.116>

PREDICTOR	CATEGORIES	FREQUENCY (%)	ADJUSTED ODDS RATIO	95% CONFIDENCE INTERVAL	P VALUE
Race	Black	33 (37.5)	5.31	1.46–19.28	.011
	Non-Black (W.A.O) (ref.)	55 (62.5)	—		
Age	Mean + s.d.		0.98	.944–1.02	.343
Gender	Male	47 (53.4)	4.38	1.27–15.11	.019
	Female (ref.)	41 (46.5)	—		
Domicile Status	No	11 (12.5)	1.98	.33–11.92	.457
	Yes (ref.)	77 (87.5)	—		
Last MSBI Admit	6K	10 (11.4)	.000	.000–.000	.998
	8B	13 (14.8)	1.14	.25–5.27	.865
	None (ref.)	65 (73.9)	—		
CPEP Broset	1–2	20 (22.7)	1.50	.31–7.25	.612
	>2	6 (6.8)	1.25	.06–27.73	.888
	0 (ref.)	62 (70.5)	—		
PRN Medications	IM + 2 IV	16 (18.2)	13.56	1.12–165.48	.041
	PO	16 (18.2)	1.10	.24–4.99	.898
	None (ref.)	56 (63.6)	—		
Time in CPEP	12–24 hours	15 (17.0)	1.83	.26–12.95	.547
	<12 hours (ref.)	73 (83.0)	—		
Documented Substance Use	Yes	45 (51.1)	5.69	1.57–20.55	.008
	No (ref.)	43 (48.9)	—		
CPEP Diagnosis	Mood	42 (47.7)	0.53	.14–1.98	.340
	Psychotic (ref.)	46 (52.3)	—		

Table 1 Predictors of Unit Assignment to Dual Diagnosis (8B) Versus General Inpatient Psychiatry (6K).


TOXICOLOGY SCREEN	PEARSON CHI-SQUARE VALUE	DF	ASYMPTOTIC SIGNIFICANCE (2-SIDED)
Urine Amphetamine	3.737	2	.154
Urine Barbiturates	.311	1	.577
Urine Benzodiazepine	.534	2	.766
Urine Buprenorphine	.311	1	.577
Urine Cannabinoid	1.229	2	.541
Urine EDDP	.383	2	.826
Urine Fentanyl	.534	2	.766
Urine Oxycodone	.311	1	.577
Urine Tramadol	.960	2	.619
Urine Cocaine	4.144	2	.126
Urine Methadone	.420	2	.811
Urine Opiate	.351	2	.839
Urine PCP	.311	1	.577
Urine Alcohol	1.625	2	.444
Blood Alcohol	2.593	2	.273

Table 2 Comparison of Toxicology Results of Black and Non-Black Patients.

COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR AFFILIATIONS

Calvin Sung  orcid.org/0000-0003-4140-2623
Mount Sinai Beth Israel, Department of Psychiatry, US

Rachael Holbreich
Mount Sinai Beth Israel, Department of Psychiatry, US

Amy Swift
Mount Sinai Beth Israel, Department of Psychiatry, US

Carissa Kymissis
Mount Sinai Beth Israel, Department of Psychiatry, US

Lisa Cohen
Mount Sinai Beth Israel, Department of Psychiatry, US

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Submitted: 04 May 2021
Accepted: 04 May 2021
Published: 25 May 2021

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