



THEME:

# Exploring the Intersection of Substance Use and Mental Health: challenges and effective interventions

*By*

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MENTAL



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HEALTH



### 3 LEARNING OBJECTIVES

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- Understanding the Scope and Complexity
- Recognizing Key Challenges
- Exploring Effective interventions
- Analyze Policy and Practice Implications
- Foster Interdisciplinary and Culturally Competent Care
- Commit To Action and Advocacy

## 4 DISCUSSION TOPICS

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- Understanding the Dual Diagnosis
- Gaps in Diagnosis and Access to Care
- Stigma and Its Impact on Dual Diagnosis Treatment
- Workforce Development and Training
- Policy and Funding Priorities
- Community Engagement



## 5 RELEVANCE AND SIGNIFICANCE OF THE TOPIC

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- High and Growing Prevalence
- Costly Public Health Burden
- Fragmentation of Care
- Stigma and Social Injustice
- Effective Solutions Exist but Are Underused
- Alignment with Global Health Priorities

## 6 OUTLINE

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- INTRODUCTION
- OVERVIEW OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS
- INTERCONNECTION OF SUBSTANCE USE AND MENTAL HEALTH
- CHALLENGES AT THE INTERSECTION
- EFFECTIVE INTERVENTIONS
- RECOMMENDATIONS
- CONCLUSION

## 7 INTRODUCTION

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- The co-occurrence of substance use disorders (SUDs) and mental health disorders presents a significant public health challenge, especially in LMIC country where individuals often face overlapping social, economic, and healthcare barriers.
- Individuals affected often experience poorer health outcomes, higher service utilization, and increased mortality.
- Fragmented care systems, stigma, and underfunding exacerbate these issues.

## 8 INTRODUCTION II

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- Co-occurring is also called comorbidity or dual diagnosis—when two disorders or illnesses occur in the same person, simultaneously or one after another.
- Comorbidity also implies that the illnesses interact, affecting the course and prognosis of both.
- Co-occurring conditions that involve SUD and mh are common because similar areas of the brain are involved with both.



## 9 INTRODUCTION III

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- About 50% of people with a mental health issue will also experience a substance use disorder and vice versa.
- According to the National Survey on Drug Use and Health (2018), 9.2 million adults in the U.S. experienced both mental illness and a substance use disorder.
- Rates are rising, particularly post-COVID-19, due to increased stress, isolation, economic uncertainty, and trauma.

## 10 INTRODUCTION IV

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- Mental health disorders can increase vulnerability to substance use, while substance use can precipitate or worsen mental illness.
- Dual diagnoses are associated with increased hospitalizations, incarceration rates, homelessness, and suicide.



**Mental disorders that  
commonly co-occur with  
addiction**



**Patients being treated  
for mental disorders  
also often misuse these  
types of substances**

**Co-Occurring  
Disorder**

Anxiety and mood disorders  
Schizophrenia  
Bipolar disorder  
Conduct disorders  
Major depressive disorder

Alcohol  
Tobacco  
Opioids  
Stimulants  
Marijuana  
Hallucinogens  
Prescription drugs

## 12 OVERVIEW: MH & SUD

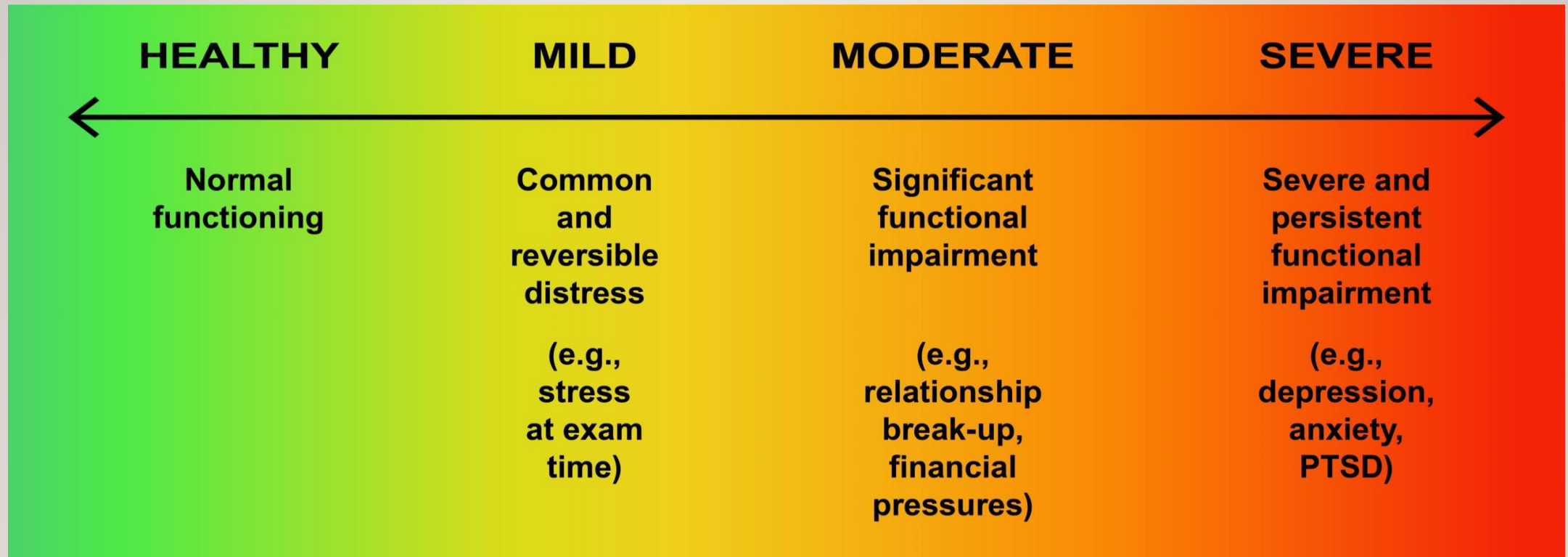
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- Mental health : A state of well-being where individuals can cope with life's challenges, work productively, and contribute to their community.
- It comprises psychological, emotional, and social well-being, affecting our moods, thoughts, feelings, behavior, relationships, and the way we handle stress.





## I3 OVERVIEW II



## I4 OVERVIEW III

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- **SUD:** A persistent pattern of substance use that causes significant distress and impaired functioning, despite the individual's awareness of the harm caused by the substance.
- It's characterized by compulsive substance seeking and use, even when faced with negative consequences, and a loss of control over consumption.

## 15 OVERVIEW IV

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- Research has shown that mental disorders and SUD involve similar areas of the brain. The areas that process “reward” feelings and that respond to stress are affected by both disorders.
  - The interaction between substance use and mental health problems increases the severity of symptoms, reduces treatment efficacy, and complicates recovery.
  - Individuals with co-morbid disorders tend to have higher rates of relapse, longer treatment durations, and poorer overall outcomes compared to those with a single disorder.

## 16 INTERSECTION OF SUBSTANCE USE AND MENTAL HEALTH

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- **Bidirectional relationship:** Individuals with MH disorders may turn to substances as a form of self-medication, while substance use can trigger or worsen MH conditions.
- Mental illness increases vulnerability to substance use: Brain changes in people with mental disorders may enhance the rewarding effects of substances.
- Substance use exacerbating or triggering MH issues: Substance use may trigger changes in brain structure and function thus increase likelihood to develop a mental disorder.



## 17 INTERSECTIONS II

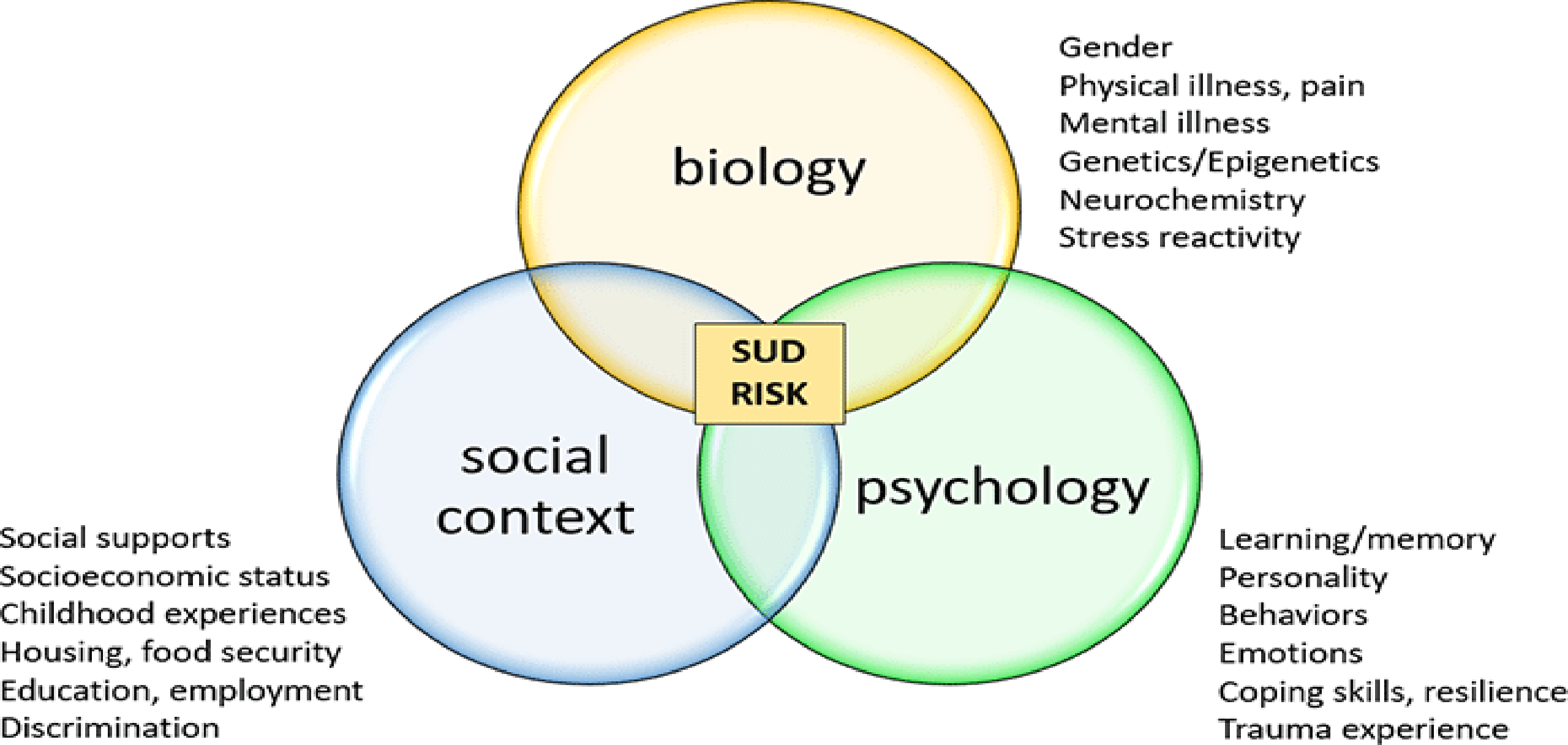
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- **Common overlapping risk factors:**
- Genetics
- Trauma and adverse childhood experiences (ACEs)
- Social determinants (e.g., poverty, homelessness, discrimination)
- Neurobiological mechanisms

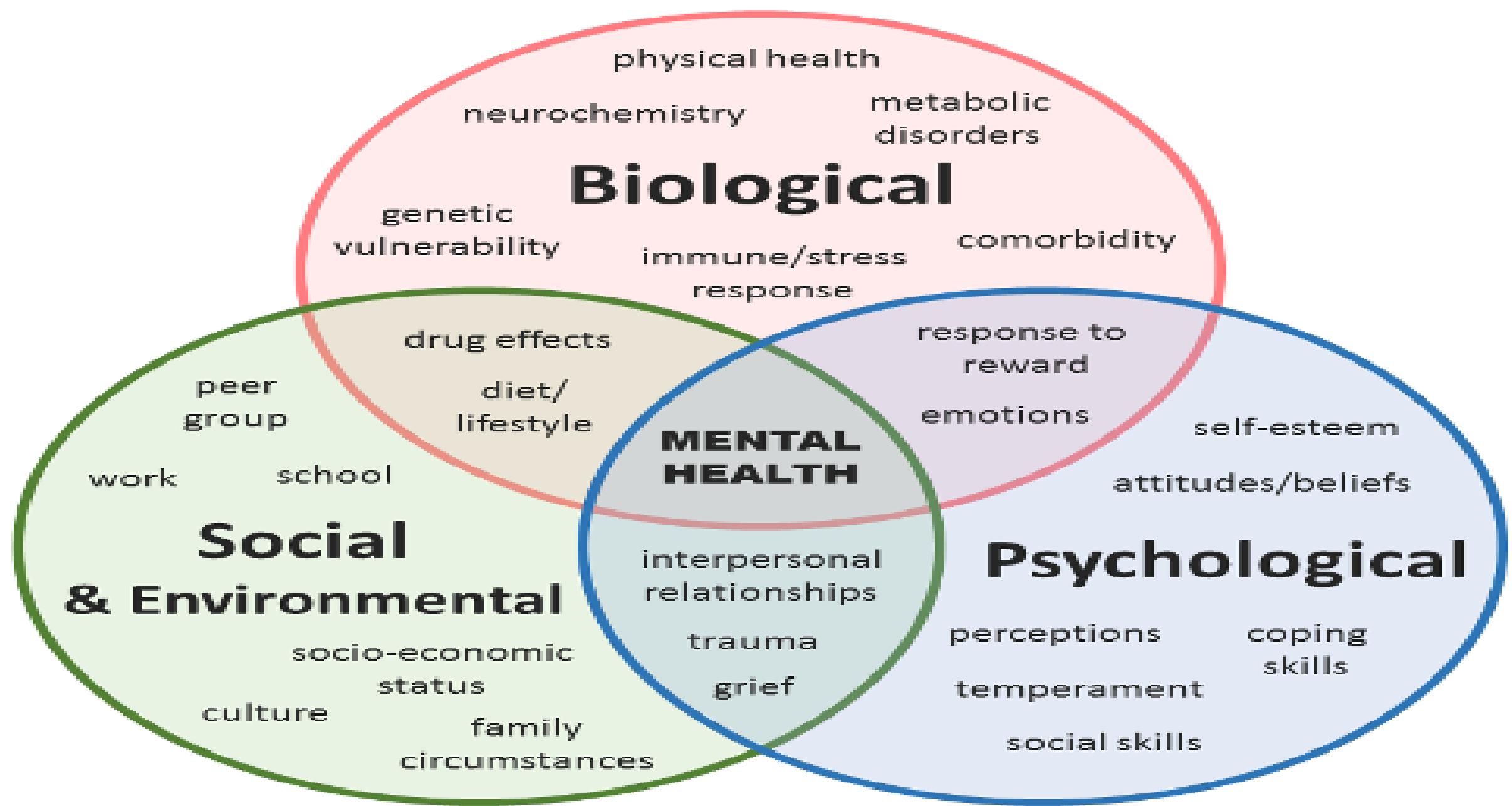
## 18 INTERSECTIONS III

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- Genetics: SUD and mental disorders are brain diseases; genetics can predispose an individual to addiction and can also put a person at higher risk for developing a co-occurring mental health issue.
- Development: An adolescent brain that is still developing is at an increased risk for both addiction and mental health disorders.
- Exposure: High levels of stress can trigger mental health disorders or SUD. Example; neglect, physical or sexual abuse, or other negative experiences the brain has difficulty processing.



*NOTE: Factors are examples and not comprehensive.*





## 21 CHALLENGES AT THE INTERSECTION

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- **Clinical challenges:**
- Diagnostic overshadowing
- Complexity of assessment and treatment (Difficulty in diagnosing due to overlapping symptoms)
- Poor prognosis if one disorder is untreated (Poor treatment adherence when one condition is left unaddressed)

## 22 CHALLENGES AT THE INTERSECTION II

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- **Systemic barriers:**
- Fragmented mental health and addiction services (Separate treatment systems for mental health and addiction)
- Lack of integrated care models (Lack of integrated service models and case coordination)
- Limited trained professionals

## 23 CHALLENGES AT THE INTERSECTION III

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- **Stigma and discrimination:**
  - Dual stigma in health settings and society
  - Impact on help-seeking behavior
- **Policy and funding issues:**
  - Insufficient investment in dual-diagnosis services
  - Inconsistent policy frameworks

## 24 EFFECTIVE INTERVENTIONS

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- **Integrated treatment models:** Persons who has SUD and another mental health disorder, should receive coordinated care for both conditions simultaneously
- Early Intervention and Prevention.
- **Integrated Dual Disorder Treatment (IDDT):** Is an evidence-based practice that improves quality of life for people with co-occurring severe mental illness and SUD by combining substance abuse services with mental health services.



## 25 EFFECTIVE INTERVENTIONS II

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- IDDT: multidisciplinary with BIOPSYHOSOCIAL approach.
- IDDT increases: Continuity of care, quality-of-life and Independent living as well reduces: Relapse and Hospitalization
- **Assertive Community Treatment (ACT):** A form of community-based mental health care that emphasizes outreach to the community and an individualized treatment approach.

# THE COLLABORATIVE CARE MODEL



## 27 EFFECTIVE INTERVENTIONS III

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- Psychosocial interventions:
  - Cognitive Behavioral Therapy (CBT)
  - Motivational Interviewing (MI)
  - Contingency Management
  - Trauma-Informed Care
  - Dialectical behavior therapy (DBT)

## 28 EFFECTIVE INTERVENTIONS IV

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- Pharmacological interventions:
  - Medication-Assisted Treatment (MAT) for SUD (e.g., methadone, buprenorphine)
  - Psychotropic medications for co-occurring disorders



## 29 EFFECTIVE INTERVENTIONS V

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- **Community-Based Support Systems:** Providing access to peer support groups, family therapy, and community resources can help individuals build resilience and navigate recovery.
- **Harm reduction strategies:** Needle exchange programs, and overdose prevention education.
- **Digital and telehealth approaches:** E-therapy and mobile apps for mental health and addiction support

## 30 RECOMMENDATIONS

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- Promoting early detection and screening in primary care
- Enhancing collaborative care and interdisciplinary teams
- Strengthening training for providers on co-occurring disorders
- Policy reforms for integrated service delivery, funding and investing in research
- Community engagement and reducing stigma
- Addressing Social Determinants of Health

## 3 | RECOMMENDATIONS II

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- Culturally Competent and Tailored Interventions
- Technological Innovations in Treatment Delivery

## 32 CONCLUSION

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- The intersection of substance use and mental health disorders particularly in vulnerable communities presents significant challenges that require a multifaceted, integrated approach to care and intervention.
- Integrated care models, which provide simultaneous treatment for both mental health and substance use disorders, have shown significant success in breaking the cycle of these co-occurring conditions.





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