

Integrated Support for Co-occurring Mental Health and Substance Use Disorders

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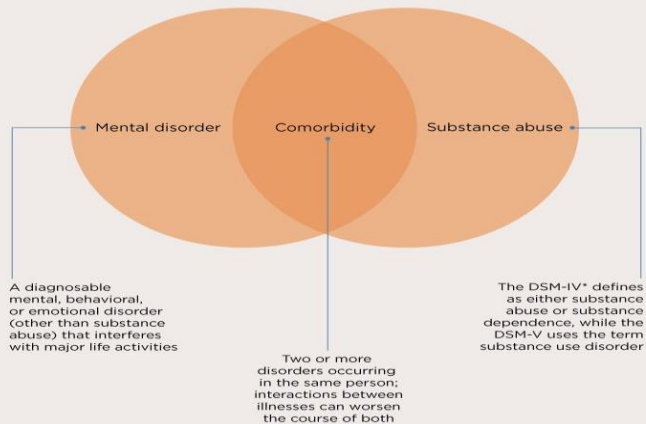
Outline

- Understanding Co-occurring disorders
 - Prevalence
 - Screening and Assessment
- Treatment approaches
 - Three Types of Programs
 - Treatment Models
- Benefits of Integrated model of care

Co-occurring Disorders

- ▶ When a person has been diagnosed with both a **substance use disorder** and at least 1 **mental or medical disorder**

Co-Occurring Disorders



Substance Use Disorders

- ▶ Occur when the **recurrent** use of alcohol and/or drugs causes clinically and functionally **significant impairment**, such as health problems, disability, and failure to meet major responsibilities at work, school, or home



Mental Health

- ▶ A state of well-being in which every individual realizes his or her **own potential**, can **cope** with the normal stresses of life, can work **productively** and fruitfully, and is able to make a **contribution** to her or his community



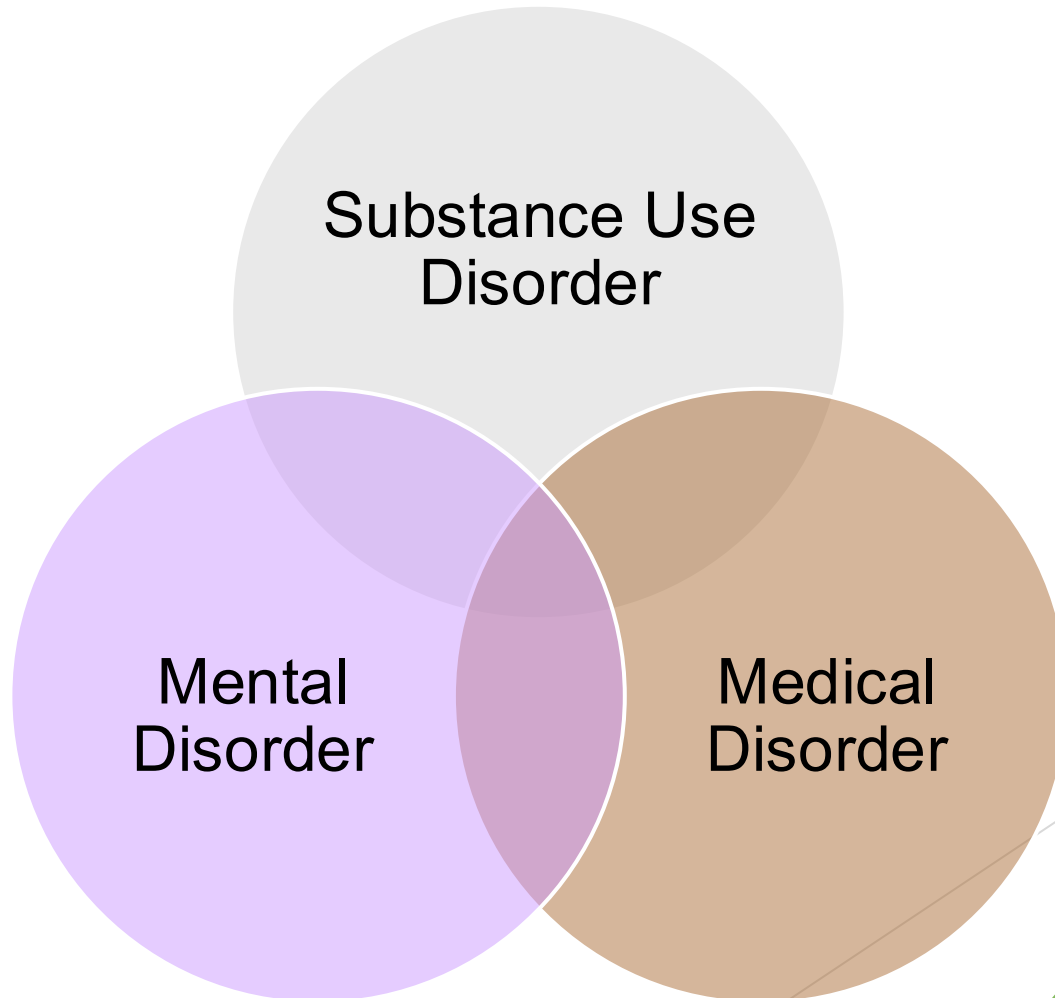
Source: World Health Organization. (2014). What is mental health? Retrieved March 16, 2017, from http://www.who.int/features/factfiles/mental_health/en/

Mental Health Disorder

- ▶ A syndrome characterized by clinically **significant disturbance** in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
- ▶ Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.

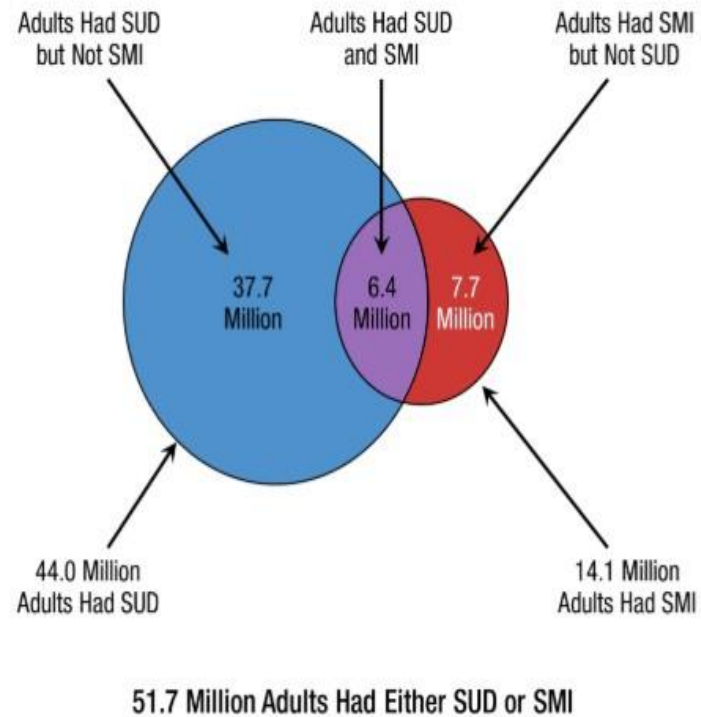
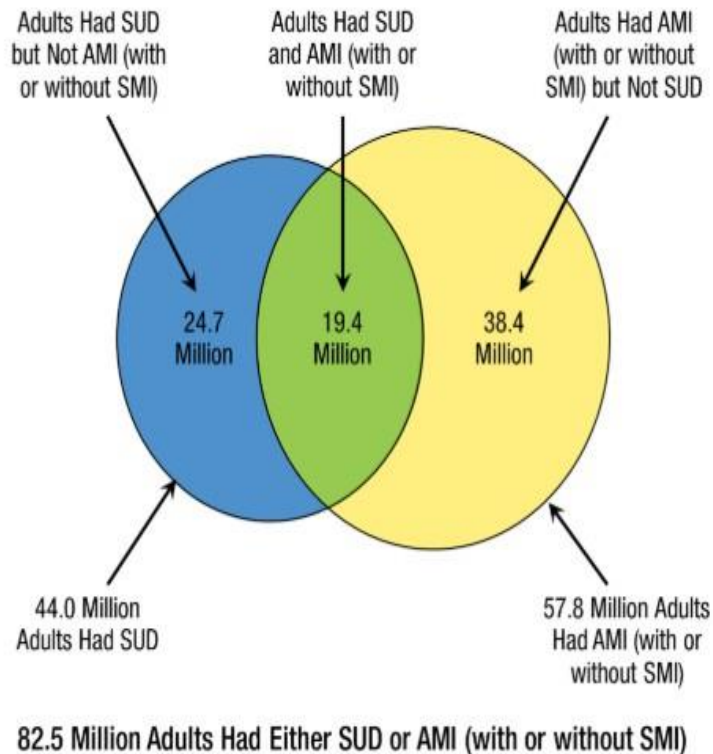


Co-Occurring Disorders



Prevalence

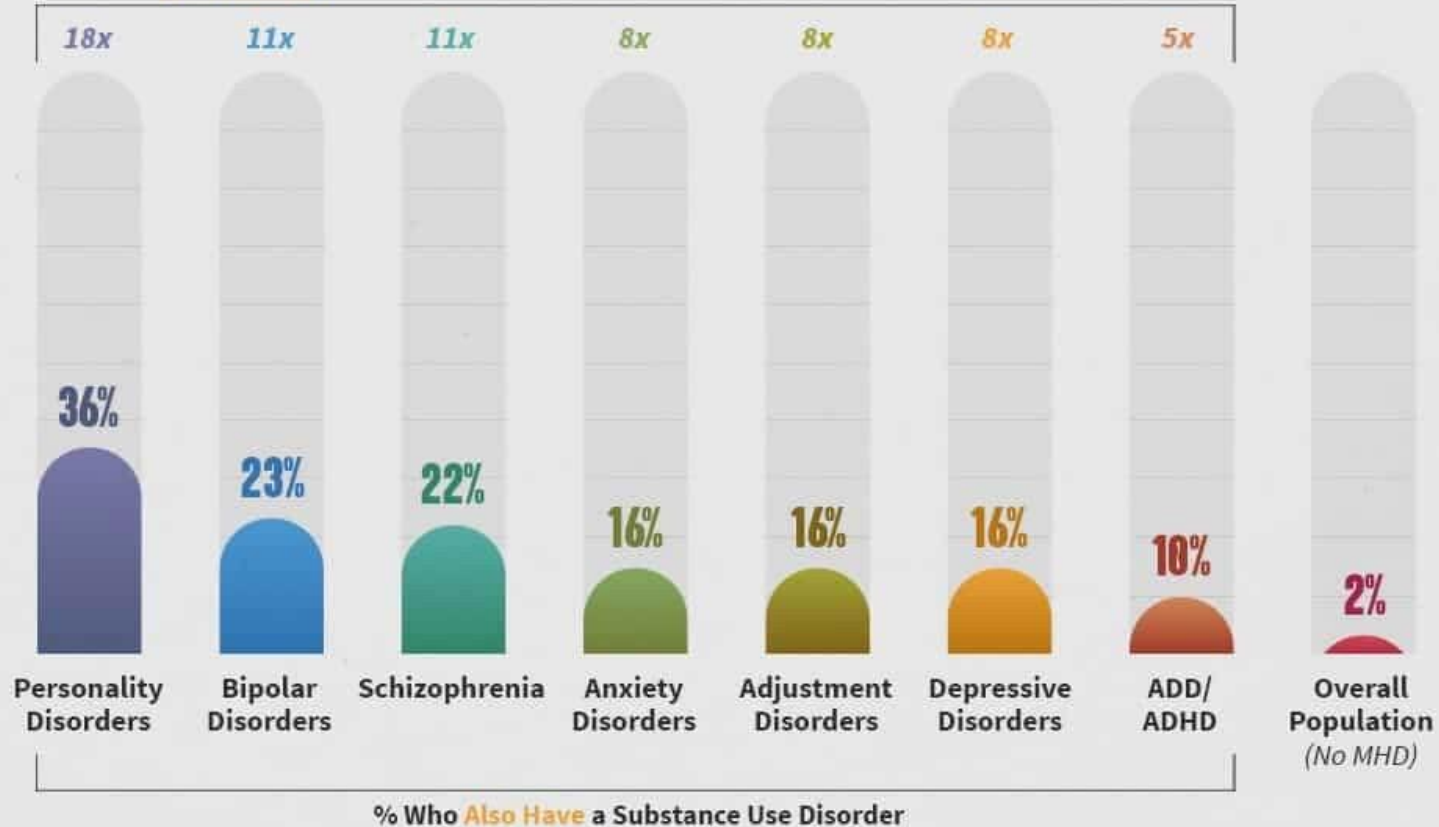
SUD, Mental Illness, and SMI: Among Adults Aged 18 or Older (2022)



HOW SUBSTANCE USE COMPARES FOR THOSE

with a Mental Health Disorder

How Much **More Likely** is a Person With a **MHD** to Have a **SUD** Compared to People Without a **MHD**?



MHD: Mental Health Disorder

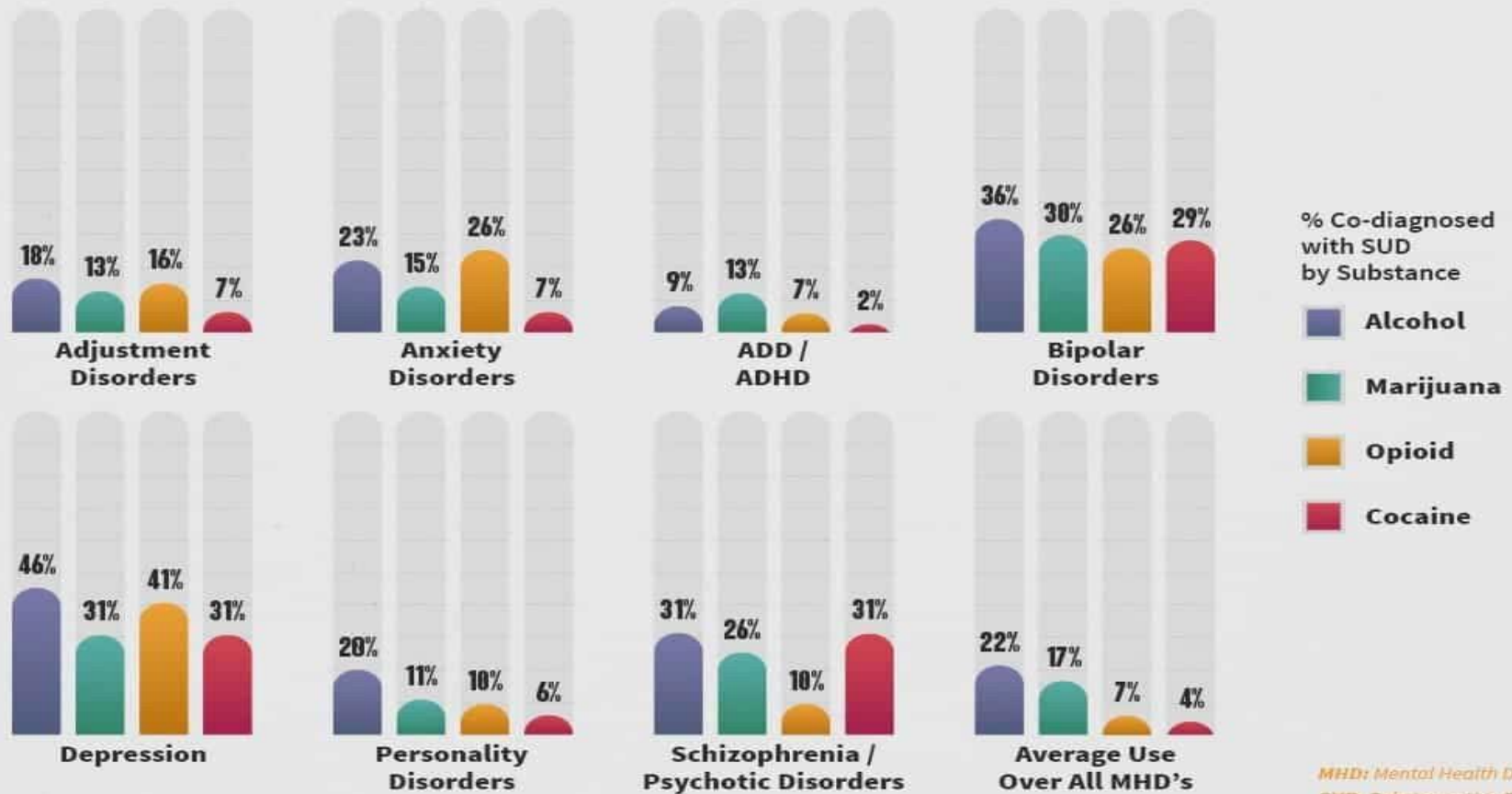
SUD: Substance Use Disorder

Source: SAMHSA

created by: AAC

HOW THE USE OF SUBSTANCE VARIES

Among Those Diagnosed with a Mental Health Disorder

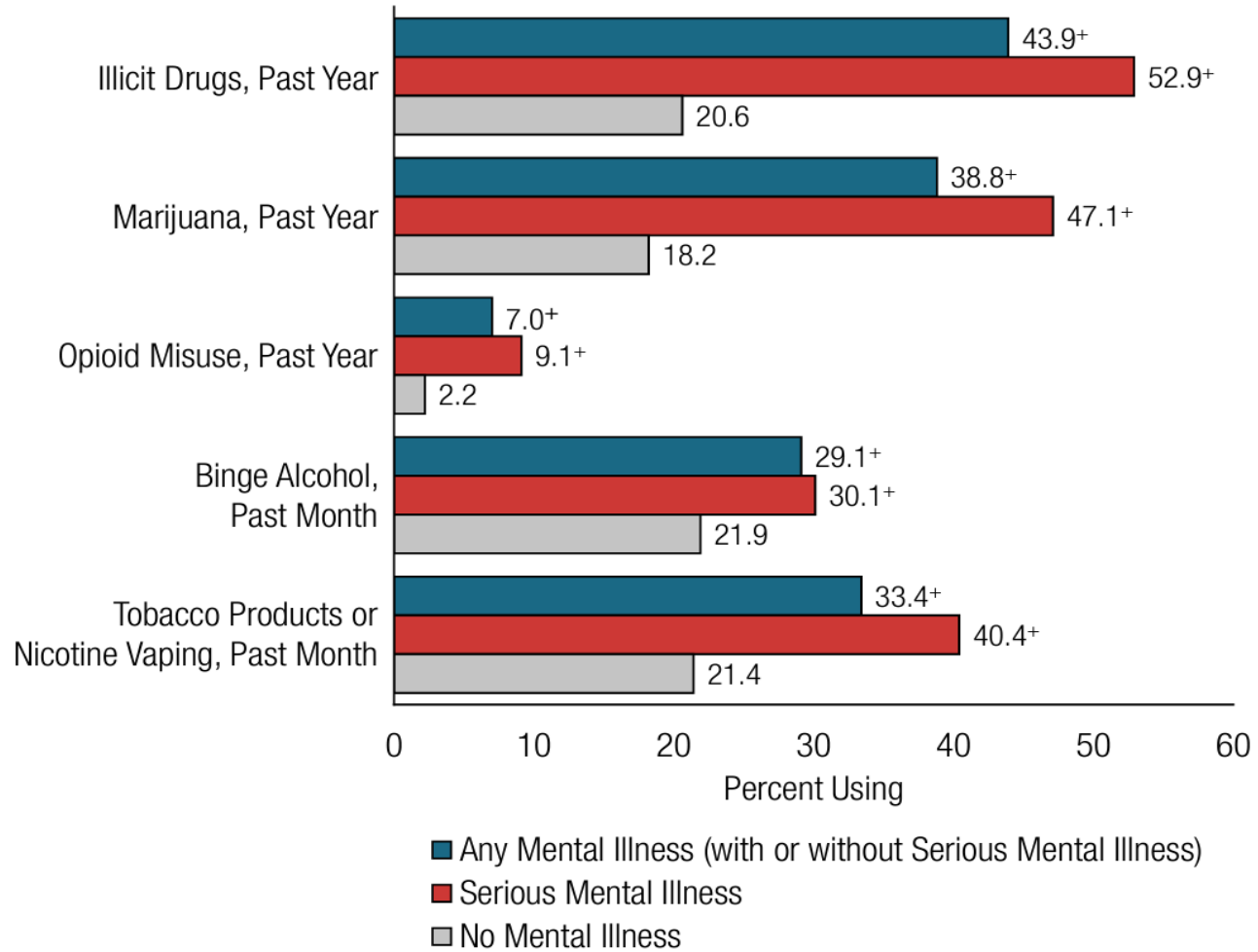


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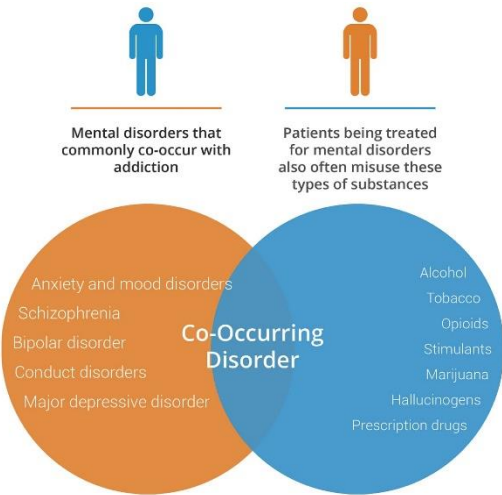
MHD: Mental Health Disorder
SUD: Substance Use Disorder

Source: SAMHSA

Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Past Year Mental Illness Status

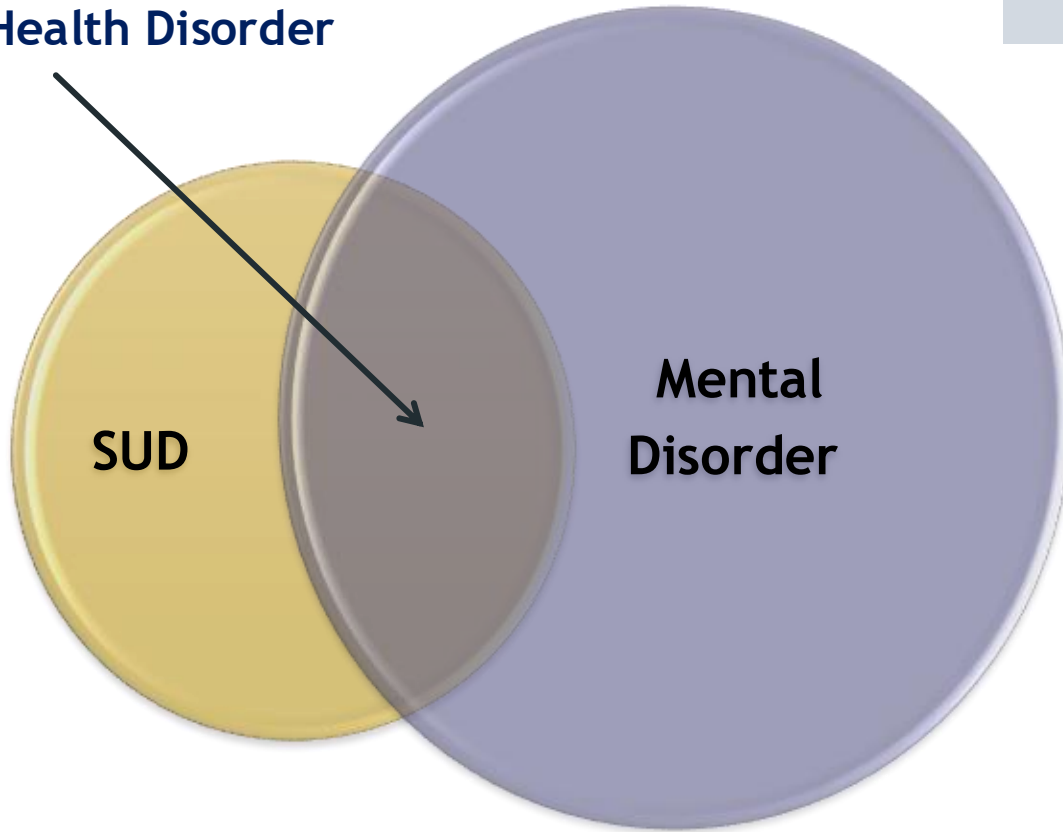


+ Difference between this estimate and the estimate for adults aged 18 or older with no mental illness is statistically significant at the .05 level.



Prevalence

Co-occurring SUD and Mental Health Disorder



About 45 percent of those with an SUD also have at least 1 mental disorder



The Co-Occurring Picture is Complex

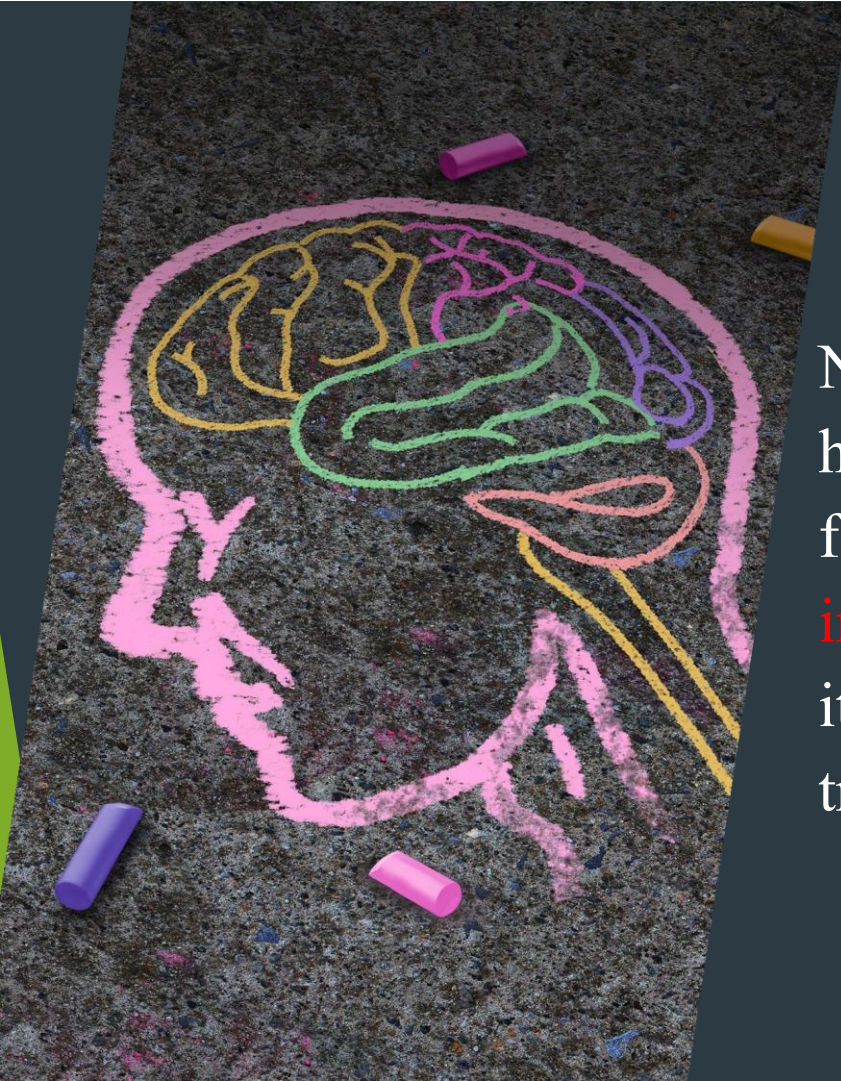
Why are Co-Occurring Disorders so Common?

- Possible Reason 1: Having a **mental disorder** **increases** vulnerability to substance use disorders.
- Possible Reason 2: **Substance use disorders** may increase vulnerability for mental disorders.
- Possible Reason 3: **Both** substance use disorders and mental disorders could be caused by shared, overlapping factors.
 - Genetics
 - Learned maladaptive patterns

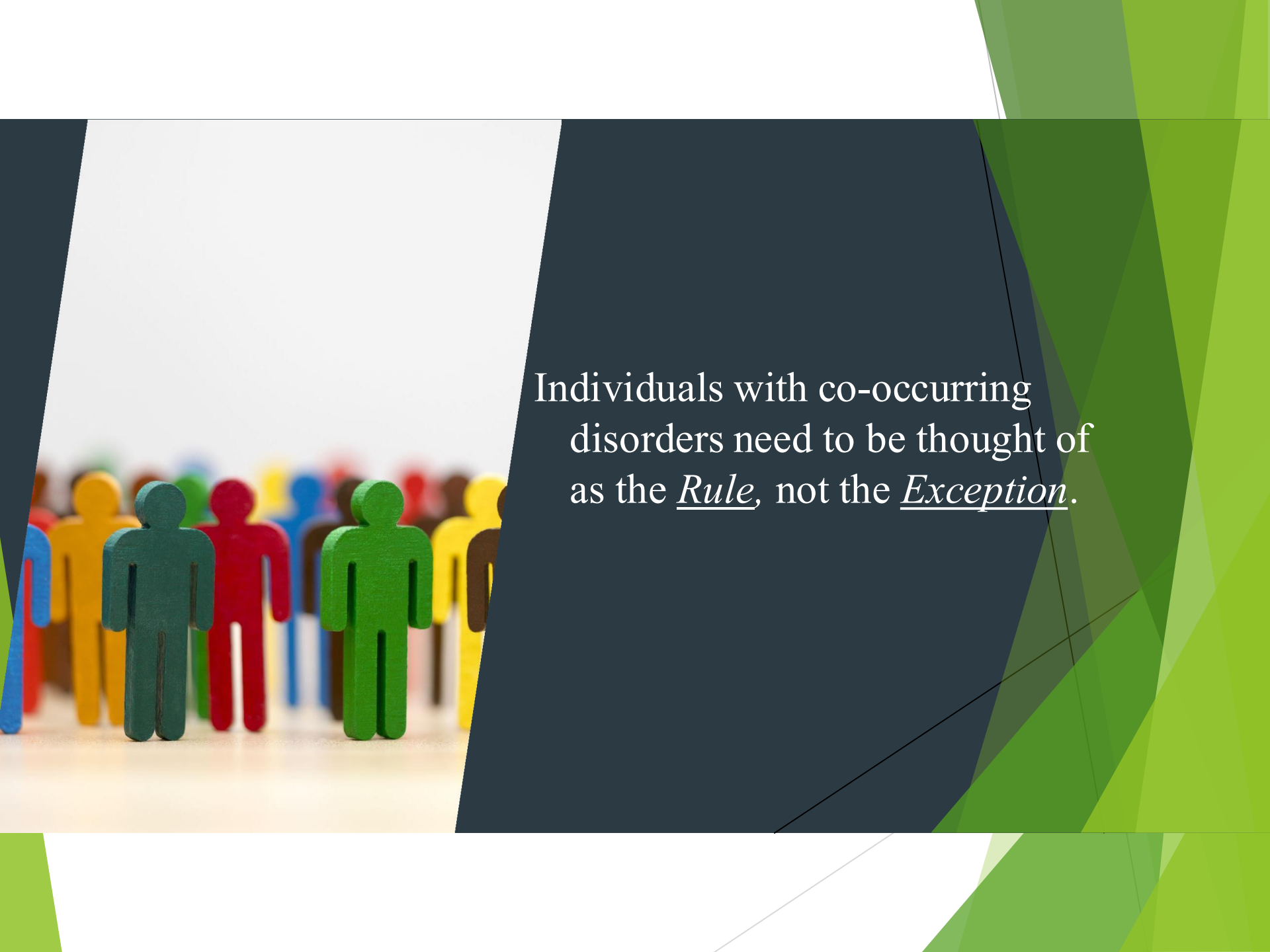


[U.S. Department of Health and Human Services \(HHS\), Office of the Surgeon General \(2016\)](#)

[National Institute of Drug Abuse \(2021\)](#)

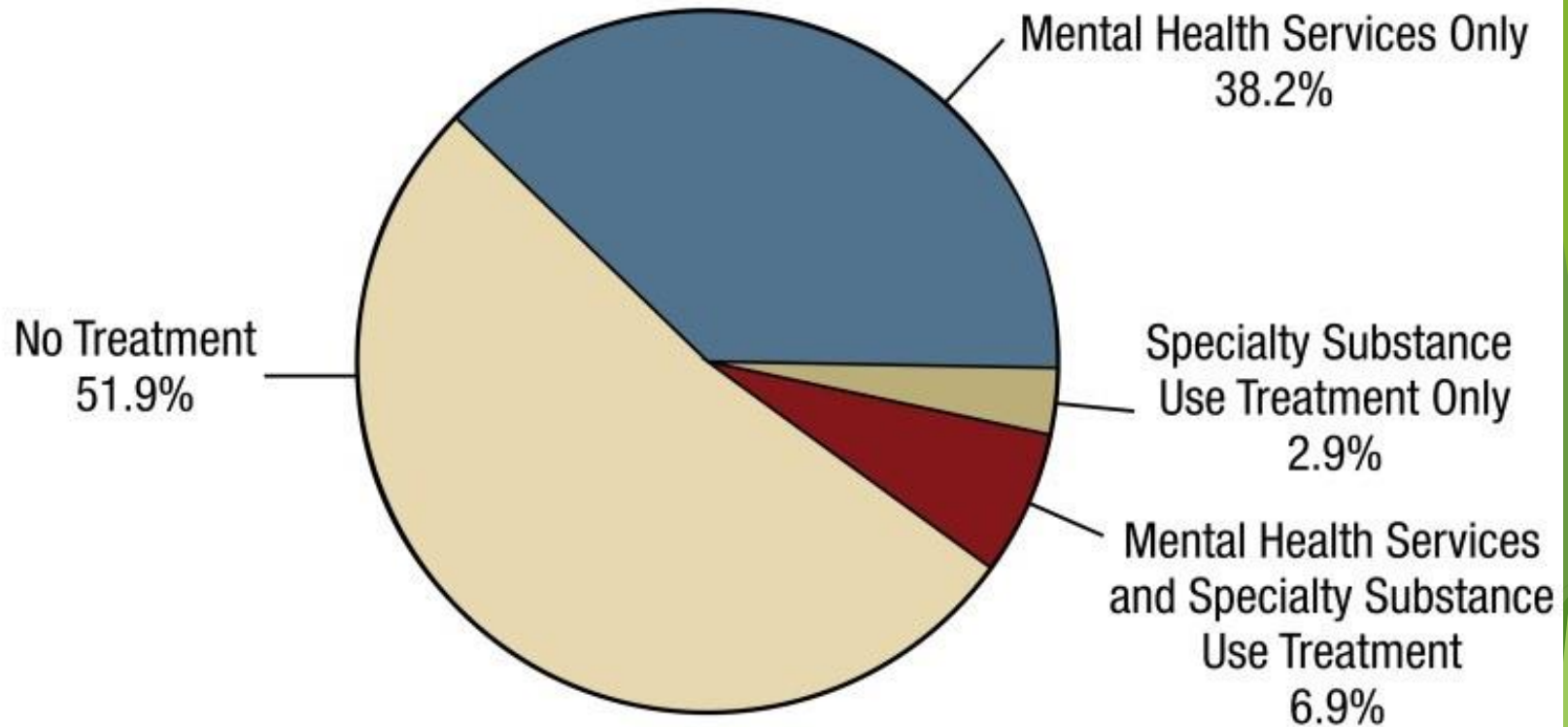


Now, research from government agencies highly recommends dual-diagnosis care for those individuals, as it delivers **integrated treatment** outcomes and makes it more likely that people will complete treatment.



Individuals with co-occurring disorders need to be thought of as the Rule, not the Exception.

Co-Occurring Clients Getting Treatment?



8.2 Million Adults with Co-Occurring Mental Illness and Substance Use Disorders

(SAMHSA 2016 National Survey on Drug Use and Health)

The Chicken or the Egg: Which Comes First?

Does it really matter?

Regardless of how they develop, substance use and mental disorders become “functionally intertwined” in the maintenance of the co- occurring disorders such that each perpetuates the other.



Co-Occurring Disorders (COD)

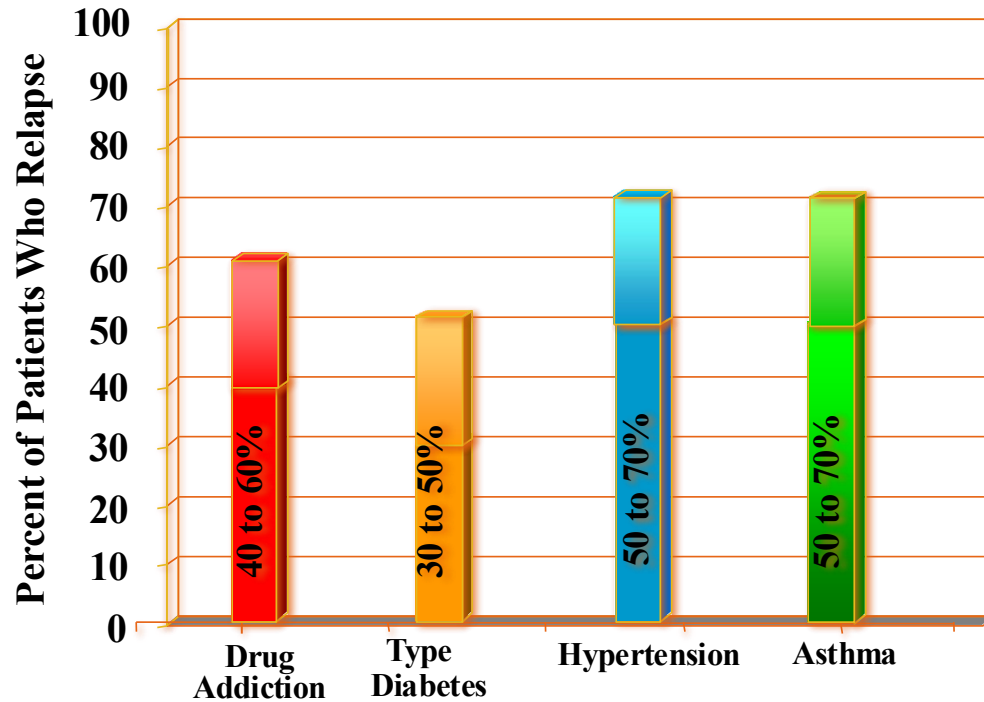
- ▶ The most common cause of mental illness relapse in COD - is substance use.

Especially when the drug of choice is alcohol, marijuana, or cocaine.

- ▶ One of the most common causes of relapse for persons with SUD is untreated mental illness (Hartney 2022).



Relapse Rates Are Similar for Other Chronic Illnesses

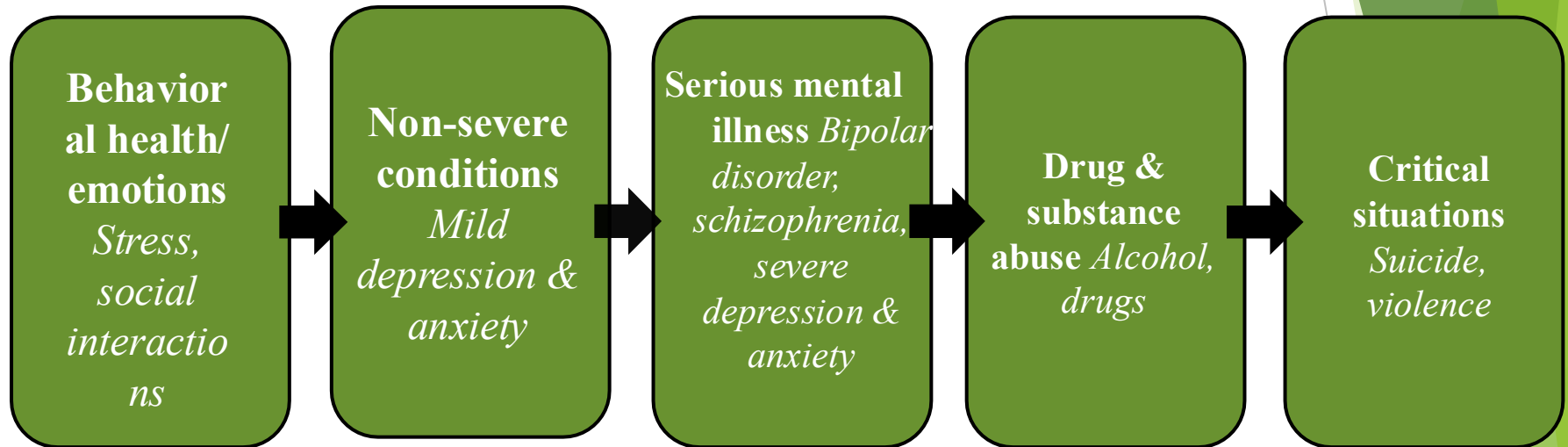


Co-Occurring Disorders: Treatment

Requires a paradigm shift from both disciplines. Treatment providers are finding it difficult to adapt to new modalities of treatment (i.e., harm reduction). Healthcare reform has created greater support for clinicians to implement **evidence-based practices and team collaboration** in patient care.

National Institutes on Drug Abuse (2020)

Identifying and Assessing Mental Health Needs in Substance Use Treatment





*Integrating
Treatment for
Co-occurring
Disorders*

SCREENING AND ASSESSMENT



Screening:

The first phase of evaluation where the potential client is interviewed to determine if he or she is appropriate for that specific treatment facility and to determine the possible presence or absence of a substance use or mental health problem.



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SCREENING AND ASSESSMENT



Assessment:

The second phase of evaluation where a systematic interview is necessary to verify the potential presence of a mental health or substance use disorder detected during the screening process.

Three Types of Programs

- ▶ SUD treatment-only programs
- ▶ COD-capable programs
- ▶ COD-enhanced programs



SUD Treatment-Only Programs

- ▶ Cannot accommodate patients who have mental disorders that need any type of attention
- ▶ Refer clients with COD to other programs, either other SUD programs or mental disorder treatment providers

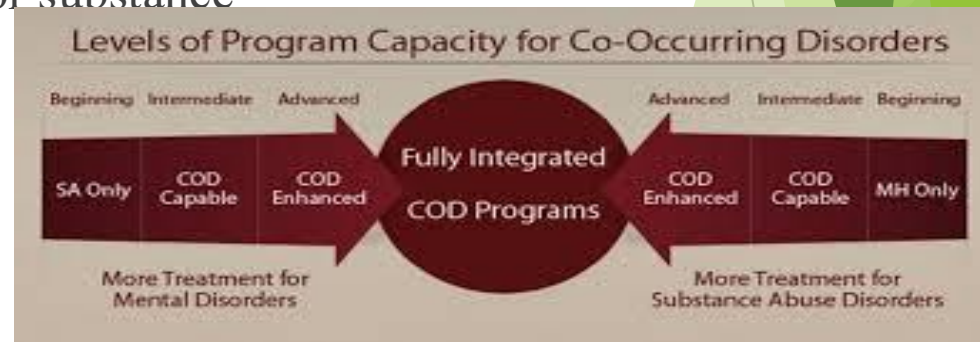


COD-Capable Programs

- ▶ Geared primarily to treating SUDs, but capable of treating mild to moderate co-occurring mental disorders
- ▶ Address COD in policies and procedures, assessment, treatment planning, and programming
- ▶ May refer clients to mental health providers for certain services but work closely with the other providers

COD-Enhanced Programs

- ▶ Highest level of integration of SUD and mental disorder treatment services
- ▶ Can provide primary SUD and mental disorder treatments to those with severe CODs
- ▶ Focus on the integration of services for substance use and mental disorders



Source: American Society of Addiction Medicine. (2001). Patient placement criteria for the treatment of substance-related disorders (2nd revised ed.). Chevy Chase, MD: Author.

Treatment Models: *Sequential*

- ▶ Provides treatment for one disorder **first** and then treats the other
- ▶ Provided in separate settings

Treatment Models: Parallel

Provides treatment for **both** disorders at the same time, but in **separate settings**

Treatment Models: *Integrated*

- ▶ Most effective way to treat COD
- ▶ Addresses the **whole person** by providing interventions for both disorders simultaneously
- ▶ Most often provided at **one site**, so the client has only one intake process and one primary person coordinating treatment



Why Integrated Treatment Works

- ▶ Client develops relationship with **only 1 counselor or team**
- ▶ Client does not need to make sense of the interventions of 2 counselors working separately
- ▶ Client feels more fully understood as issues are treated **holistically**



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INTEGRATED MODEL OF TREATMENT

The integrated model of treatment can best be defined by following seven components:

- 1) Integration
- 2) Comprehensiveness
- 3) Assertiveness
- 4) Reduction of negative consequences
- 5) Long-term perspective
- 6) Motivation-based treatment
- 7) Multiple psychotherapeutic modalities



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BENEFITS OF AN INTEGRATED MODEL OF CARE

Benefits of an Integrated Model of Care

- Reduced need for coordination
- Reduced frustration for clients
- Shared decision-making responsibilities
- Families and significant others are included
- Transparent practices help everyone involved share responsibility
- Clients are empowered to treat their own illness and manage their own recovery
- The client and his/her family has more choice in treatment, more ability for self-management, and a higher satisfaction with care



Establishing Safety

Safety is described as the first stage of healing in substance use treatment.

Eliminate the presence of substances, high risk environments, high risk people and behavior.

Increase the level of support through a multi-disciplinary treatment team to address all concerns.

Increase the presence of community through engagement and support of peers.

Establish time between last use of substances to create the opportunity for interventions.

Identify all needs that may be contributing to substance use or maladaptive behavior.

Create the image of hope and begin intervening within the appropriate level of care.

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Thank
you

