



Co-occurring Disorders: Mental Health and Substance Use

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About ATTC

The 2017-2022 ATTC Network is comprised of:

1 Network Coordinating Office

10 Domestic Regional Centers

6 International HIV Centers (PEPFAR funded)

Established in 1993 by SAMHSA, the domestic ATTCs:

Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;

Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use and/or other behavioral health disorders; and

Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

Co-occurring Disorders: Mental Health and Substance Use

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FORT VALLEY STATE UNIVERSITY

THE DAMASCUS ROAD

SOURCES: HAZELDEN, NAADAC, SAMHSA





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Teah L. Moore is a faculty member at Fort Valley State University located in Fort Valley, Georgia.

She teaches in the Clinical Mental Health Counseling program with a passion for the professional identity of professional counselors. She is also a licensed professional counselor and owns a private counseling practice in Perry, Georgia.

She serves a variety of clients, including veterans. She has served on counseling accreditation visitation teams at several Historically Black Colleges and Universities (HBCUs) seeking accreditation.

Addiction is a major public health concern....

Annual Costs

Obesity – 147 billion

Smoking – 157 billion

Diabetes – 174 billion

Addiction – 193 billion*

Heart Disease – 316 billion

Mental Illness – 100 billion

*2011 ONDCP report: The Economic Impact of Illicit Drug Use on American Society

2.6 million adults had co-occurring severe mental illness and substance use disorder.

- Only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all.

* National Survey of Drug Use and Health (NSDUH 2012)

DEFINING CO-OCCURRING DISORDERS

- 50 to 75% of all clients who are receiving treatment for a substance use disorder also have another diagnosable **mental health disorder**.
- Further, of all psychiatric clients with a mental health disorder, 25 to 50% of them also currently have or had a **substance use disorder** at some point in their lives.

Defining Co-occurring Disorders

Disorders in Addiction Treatment

Two major studies showed that persons with substance abuse were likely to also be experiencing some type of mood/ or anxiety disorder

DISORDER	CACCIOLA	ROSS
Mood Disorder	10–45%	31.4%
Anxiety Disorder	10–46%	45.4%
Post-traumatic Stress Disorder	15–45%	NA
Antisocial Personality Disorder	25–50%	36.5%
Borderline Personality Disorder	10–30%	NA
Schizophrenia	< 5%	4.3%

Source: Cacciola et al, 2001; Ross, Glaser and Germanson 1988

Severity of Co-occurring Disorders

Co-occurring mental health disorders are often placed on a continuum of severity.

- **Non-severe:** early in the continuum and can include mood disorders, anxiety disorders, adjustment disorders and personality disorders.
- **Severe:** include schizophrenia, bipolar disorder, schizoaffective disorder and major depressive disorder.

Defining Terms

Substance Abuse Disorder:

Consists of a pattern of behavior of continual use of psychoactive substance that can be identified/ diagnosed as either substance abuse or substance dependence

Mental Health Disorder

Significant and chronic disturbances with “feelings, thinking, functioning and/or relationships that are not due to drug or alcohol use and are not the result of a medical illness

Co-occurring Disorder

The simultaneous existence of one or more disorders that includes the use of alcohol or other chemicals (drugs) of abuse and one or more mental health disorders.

Classification

These can be classified as severe or non-severe.

- 1) Low use of substance abuse but low mental health disorder.
- 2) High substance abuse and low mental health disorder.
- 3) High mental health disorder and low substance abuse
- 4) High mental health disorder and high substance abuse.

Models of Treatment

- Clients with co-occurring disorders have historically received substance abuse treatment services in isolation from mental health treatment services.
- As more research on co-occurring disorders began to be conducted, the many limitations this approach places on the client and his or her success in treatment began to surface.

Models of Treatment

- **Single model of care** - It was believed that once the “primary disorder” was treated effectively, the client’s substance use problem would resolve itself because drugs and/or alcohol were no longer needed to cope.
- **Sequential model of treatment** - acknowledges the presence of co-occurring disorders but treats them one at a time.
- **Parallel model of treatment** - mental health disorders are treated at the same time as co-occurring substance use disorders, only by separate treatment professionals and often at separate treatment facilities.

Integrated Care Consists of Three Legs:

- Physical Health
- Mental Health
- Substance Abuse

Integrated Model of Treatment

One type of effective approach to treating co-occurring disorders that utilizes one competent treatment team at the same facility to recognize and address all mental health and substance use disorders at the same time.

Benefits of an Integrated Model of Care

Benefits of an Integrated Model of Care

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

Implications for Faith Based

Recovering individuals who report higher levels of spirituality display a number of promising qualities:

Lower anxiety

Higher resilience to stress

More optimistic life orientation

Greater perceived social support

Faith Based

According to the website DrugRehab.com (*Advanced Recovery Systems (ARS)*)

People with a prior history of religious beliefs respond better to faith-based treatments than agnostics and atheists. This is especially true for people of color.

In general, people who identify with being spiritual and those who attend regular church services are less likely to drink or take drugs. Adults who skip out on religious services are five times more likely to experiment with hard drugs and seven times more likely to binge drink.

Spirituality works as a protective factor against chemical dependency, according to one study, by promoting values of leading a substance-free life, occupying a person's free time, and encouraging abstinence.

People of Faith

1. Gain understanding of addictions.
 - A. There are “sin” behaviors that we have accepted i.e gluttony. (Food addictions)
2. Don't use shame, they have already have had enough of that.
 - A. Anxiety is connected with worry.
 - B. Concern about “messaging” up.
3. Even if they've lied to you, don't abandon them.

Faith Based

4. DrugAbuse.gov

- A. Identify resources to educate yourself and others.
- B. Counseling – Christian Counseling

5. Establish good health boundaries.

- A. Be clear...no drugs in your car or in your home.

6. Mental Illness is real- Chemical Imbalances

- Treating mental illness as merely a spiritual disorder can be harmful to the individual.
- Reinforces the stigma for the person not to seek help.
- Fretting can lead to depression and anxiety.
- Sometimes bullying and harassment can lead to challenges.

Resources

DrugAbuse.gov. <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction> (Accessed Nov 20, 2017).

Hazelden.org

How To Help a Drug Addict. Drug Abuse.com <https://drugabuse.com/library/how-to-help-a-drug-addict/>

<https://www.whatchristianswanttoknow.com/how-can-christians-help-drug-addicts/#ixzz5m9zkMfzH>

Substance Abuse and Mental Health Service Agency (SAMHSA.gov)

Contact Me.....

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NATIONAL CENTER
FOR PRIMARY CARE



Southeast (HHS Region 4)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Southeast ATTC

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SAMHSA

Substance Abuse and Mental Health
Services Administration