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CO-OCCURRING DISORDERS: MENTAL ILLNESS & SUBSTANCE ABUSE

Many families know how difficult it is to find treatment for their mentally ill relatives who also abuse drugs and alcohol. Programs that treat people with mental illness usually do not treat substance abusers, and programs for substance abusers are not geared for people with mental illness. Individuals with both diagnoses often bounce from one program to another, or are refused treatment by single diagnosis programs.

What causes these disorders? Mental health and addiction counselors increasingly believe that mental illness and substance abuse are biologically and physiologically based.

Families may feel angry at the person and blame him for being foolish and weak-willed. They may feel hurt when the person breaks trust through lying or stealing. It is important for them to realize that mental illness and substance abuse are diseases. The person with these illnesses usually needs help.

Are Co-Occurring Disorders common? Yes, the combination of mental illness and substance abuse has been *so* common that many clinicians who work with the mentally ill *expect* to find it. For many years it was known as dual diagnosis, but now that is an out-dated term. Studies show that 50% of persons with mental illness also have a substance abuse problem, and more than half the persons with a substance abuse diagnosis also have a diagnosable mental illness.

How does this affect families and friends? A co-occurring disorder diagnosis means the condition is especially complex and difficult to manage. These families experience more problems than families whose loved one only has a single disorder.

Treatment People with such difficult problems do not respond to simplistic advice like “Just say no” or “Snap out of it”. Psychotherapy and medication combined with appropriate self-help and other support groups help the most, but these patients are still highly prone to relapse.

Programs designed only for substance abusers are not recommended for people who also have a mental illness. Heavy confrontation, intense emotional jolting without adequate support and discouragement of use of appropriate medications tend to compound the problem of mentally ill patients. These strategies may produce stress levels that make symptoms worse or cause relapse.

What is a better treatment approach? Increasingly, the psychiatric and drug counseling communities agree that *both disorders must be treated at the same time*. Early studies have shown that when mental illness and substance abuse are treated together, suicide attempts and psychotic episodes decrease rapidly.

The patient’s denial is a central part of the problem. There are 12 step programs, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) for persons with co-occurring disorders that can help. Clients who develop positive social networks have a much better chance of controlling their illnesses. Healthy recreational activities and peer relationships are extremely important.

What is the first step in treatment? The presence of both disorders must first be established by careful assessment. This may be difficult because the symptoms of one disorder can mimic the symptoms of the other.

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Once an assessment has confirmed a co-occurring disorder diagnosis of mental illness and substance abuse, mental health professionals and family members should work together on a strategy for integrating care and motivating the client.

What do model treatment programs look like? There are growing numbers of model programs. Many have support groups similar to AA and NA. Members support each other as they learn about the role of alcohol and drugs in their lives. They learn social skills and how to replace substance abuse with new thoughts and behaviors. They get help with concrete situations that arise because of mental illness. Support groups for families and friends are available in some programs. Case management services are provided in some programs. Many traditional treatment programs are modifying their strategies to address the needs of the co-occurring disorder person.

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