

Co-Occurring Disorders – Mental Health and Substance Use

The term, "co-occurring disorders" refers to two conditions, present at that same time. For this article as well in the substance use treatment venue, it refers to the presence of co-existing substance use and mental health disorders. In Canada and Europe, this combination is referred to as "concurrent disorders".

For many years, Minnesota has been the center of excellence in treatment for substance use disorders. It has been proclaimed for the past several decades in the treatment and recovery communities that a substance use disorder is "a disease". The disease concept had its skeptics, yet we know that mental health disorders are also "a disease", a disease of the brain. Also, for many years it was believed that mental health disorders present in a substance abuser were the product of a substance use condition and only temporary until the person engages in recovery abstinence. The degree of their success was determined by how hard they participated in their own substance use recovery. Failure to do so, or in the case of the remaining presence of mental health symptoms, often were seen as the participant's lack of application of the basic principles of substance use supports.

Earlier in my career, I had the unintended privilege and opportunity to practice under the medical direction of the late Dr. Richard Heilman while at the VA Medical Center in Minneapolis, Drug Dependency Treatment Program. I observed the patients in our program and presence of various mental health conditions and had posed the question to Dr. Heilman as to what his thoughts were. He responded by telling me that individuals with substance use disorders had no higher rate of co-existing mental health conditions than did the general population, at that time roughly 12-14%. This was 1989, and for everything Dr. Heilman did for the treatment in our state (and arguably the nation), he was wrong.

Within the past decade and a half, research has shown that the presence of co-occurring mental health and substance use disorders are well into the 30th percentile or more, depending on the specific combinations of substances abused and the specific mental health diagnosis. I have seen research that suggests much higher rates of mental health conditions in those with substance use disorders as well as the other way around. Bipolar Disorder, for example, solidly has shown rates of substance use anywhere from 56-63% depending on the various large sample studies. In addition, most of these mental health conditions have been shown as present or latent *before* active substance use, and without proper intervention, conditions are present during and after abstinence, making a more symptomatic and for some, a worse and miserable quality of life, thus promoting the return to substance use for mental health symptom *relief*.

In 2004, I established the Dual Recovery Program as part of the South Central Human Relations Center in Owatonna. The program was designed with total recovery in mind and to address the combinations of disorders *together*, rather than what was present elsewhere, separately, leaving clients to suffer and

seek both mental health and substance use disorder treatment in two different locations, with well-meaning practitioners providing confusing and often harmful advice to their clients. This phenomenon was referred to Dr. Mark Willenbring, the successor to Dr. Heilman and my former medical director there, as "*Dual SYSTEMS Disorders*".

To be sure, especially in the earlier part of our first decade of existence as a clinic, there have been skeptics, some saying that we were somehow giving "alcoholics and drug addicts" an excuse to defer blame of their condition and thus, perpetuating their individual lack of personal responsibility. Our goal has and continues to be just the opposite. By treating pre-existing mental health conditions, many clients have seen for the very first time, an ability to be mental health disorder symptom-free, thereby making a recovery effort for both conditions more meaningful and lasting. When necessary, life-enhancing medications to address these very same symptoms are prescribed, further enhancing the client's quality of overall recovery and life.

I am happy to report that many substance use treatment facilities had made changes in their approach to treating these co-existing conditions. In 2013, we established a statewide training effort targeting our fellow practitioners known as the "Co-Occurring Disorders Symposium". This three-day event is held in late January in Owatonna and has created a forum of progressive ideas and practice, highlighting many of the fine and learned members of our profession statewide.

Although there is always much to do, we have learned that we can no longer ignore or defer the treatment of co-occurring disorders, which has now become the treatment standard in the nation and most the world.

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