

Co-occurring Mental Health and Substance Use Disorders in Young Adults: A Conversation with the Nation's Leading Expert

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1. When we talk about dual diagnosis, what does that mean?

Dual diagnosis is a term that often has multiple meanings, which is one of the reasons it is beginning to be phased out. In the past, dual diagnosis has been used to refer to people who had both a mental health condition and a substance use disorder, as well as to people who had both a mental health condition and a developmental or intellectual disability. This can be confusing.

In addition, we are beginning to phase out the term “dual diagnosis” because many people do not want to be labeled by their “diagnosis” and many seek help with multiple issues well before any one knows whether they have a diagnosis or not. Further, we are realizing that the majority of people who are seeking services have multiple conditions, not just two, so the term “dual” can be misleading.

The newer terminology is the term “co-occurring disorders” or, even more recently, “co-occurring conditions.” With regard to mental health and substance use, I define the term as follows:

Any person of any age who has any combination of any mental health issue AND any substance use issue, including trauma, gambling and nicotine dependence, whether or not they have already been diagnosed.

In addition, we are increasingly using the term “people with co-occurring conditions” to reflect the expectation that individuals will often have issues that require attention and intervention including, mental health, substance use, trauma, medical, housing, parenting, legal, disability, financial, cognitive learning and so on. In this

way, we are beginning to think about how to design services to reflect the complex needs of the people coming through our doors.

2. How often do young adults living with a mental health condition experience a co-occurring substance use disorder? How do co-occurring mental health and substance use disorders impact the lives of young adults?

Even without accounting for nicotine or caffeine, co-occurring conditions are “an expectation” among individuals with serious mental health conditions. There are a number of epidemiologic studies that indicate that approximately 50 percent of adults with serious mental illness have a life time substance use disorder (abuse or dependence).

In studies looking at generally stable individuals in the community, about 25 to 30 percent have been actively using in the last month, though some studies show that about 75 to 80 percent of the individuals who have any substance use issue will have used in the last year. These figures for current active use are higher among younger adults and even higher, usually in the range of 60 to 80 percent depending on the community, for younger individuals who are in crisis, in acute hospital settings, in trouble with the law or homeless.

As can be seen from the above information, substance use issues are associated with generally poorer outcomes in the lives of young adults who have serious mental health conditions. These individuals are more likely to:

- Relapse and be re-hospitalized;
- Be labeled as “treatment resistant and non-compliant;”

- Engage in self-destructive, suicidal or violent behavior;
- Have co-occurring health issues of all kinds (including Hepatitis C and HIV);
- Become homeless;
- Get in trouble with the law;
- Have difficulty with parenting and child welfare;
- Have financial issues; and
- Most painfully, young adults with co-occurring illnesses are more likely to die, and to die prematurely, from overdoses, accidents, violence and a variety of medical issues.

An important factor to keep in mind is that poorer outcomes are associated even with very mild substance use in young adults with serious mental health conditions. Because young adults with serious mental health conditions have very vulnerable brains, patterns of substance use that are “normal” in their friends and relatives without mental health conditions, are likely to interfere with their recovery.

In fact, research has shown that patterns of use more often than once a week, occasional episodes of intoxication and even occasional use of powerful hallucinogens and stimulants are disruptive enough to the fragile brain equilibrium that over time young adults will do worse than if they were totally abstinent, or, if not addicted, had only an occasional beer or glass of wine.

3. Does alcoholism or drug abuse trigger a mental health condition and/or does a mental health condition trigger alcoholism or drug abuse?

The answer is yes to both. In fact, there are multiple pathways to developing both mental health and substance use conditions at the same time, including:

- Some people live with a severe psychiatric illness that they inherited genetically and they also may develop an independent problem with substances, either abuse or dependence, which can also be hereditary.
- Some people develop a psychiatric illness independently, due to heredity or other factors, and then find that their previously “normal” substance use pattern has now become a problem that has to be addressed.
- Some people have triggered the onset of a severe and persistent mental health condition that may or may not have started on its own during a period of heavy (and usually out of control) substance use. Methamphetamine, cocaine, hallucinogens and marijuana are common culprits, but this can happen with alcohol, opiates and so-called club drugs (like ecstasy) as well.
- Some people begin using substances after developing a mental health condition in order to cope with painful feelings or symptoms, cope with social isolation or escape from despair. Some of these individuals may continue to abuse substances, but do not become addicted; others may go on to develop substance dependence or addiction.

4. What steps can young adults take if they live with a mental health condition and are concerned that their drug or alcohol use is getting out of control? Should they avoid drugs and/or alcohol altogether?

It is very important for young adults to feel empowered, supported and inspired to have hope for recovery and to be able to take ownership of their own recovery process. No young adult wants to develop a serious mental health condition and figuring out how to make their own decisions about how best to have a happy and productive life is hard, slow work. If they are worried about their substance use, it is their job, and their right, to figure out how to make the best decisions regarding substance use, including nicotine,

in order to have the happiest, most successful, productive life they can possibly have.

In this spirit, it is a good idea for young adults to find people they trust, including professionals, family members and friends and, very importantly, peers who are further along the recovery path. It is helpful for young adults to share with them what is happening in their lives and any concerns they have so their family and friends can help them make the best decisions for themselves.

In this context, those who want to be helpful to young adults should not be in the business of asking young adults to avoid substances altogether. The paradox of using substances is that they do make everyone feel better in the short run, at least most of the time. At the same time they are likely to be causing harm to a young adult’s fragile brain in the long run—short-term symptom relief is usually associated with longer-term symptom rebound and worsening. Everyone has to go through their own decision making process and it is the job of young adult supporters not to preach but to partner with them in that process. We make recommendations for abstinence, but it is most important that young adult supporters help young adults figure out step-by-step what they want to do with recommendations they receive.

The biggest danger for young adults is that they will seek advice not from peers who are working on recovery but from peers who are themselves in big trouble. It is more helpful for young adults to “stick with the winners” to get the best advice. The second biggest danger is that young adults often feel that they cannot trust anyone they know to tell the truth about their substance use. If young adults are using drugs and alcohol, and not telling anyone who could help them think about their decisions, other than substance using peers, they are at greatest risk. It is a risk to ask for help, but it is a good risk to take.

It is all of our jobs to help young adults feel that sharing honest information is a good idea, for which they will get a round of applause, and not be punished.

5. What are effective approaches to treating a young adult living with co-occurring mental health and substance use disorders? What are the key factors that make these approaches effective?

The effective approach to helping anyone of any age who has co-occurring conditions is what is generically called “integrated treatment,” where clients engage in a relationship with an individual, a team, a program or a community of recovering peers and clinicians, and in the context of that relationship they work on addressing each of their issues, step-by-step over time, in order to achieve their recovery goals of a happy life.

The *Integrated Dual Disorder Treatment (IDDT) Toolkit* (available at www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/) is an evidence-based toolkit specifically designed for adults, including young adults, with serious mental health conditions and substance use issues. Although some systems have special IDDT teams or programs, these “tools” can and should be applied to any type of program. In many county and state systems, all programs are working on becoming recovery oriented and co-occurring capable, so that people with co-occurring issues can get help anywhere. Key elements of successful co-occurring conditions care include these basic principles:

- Individuals with co-occurring conditions should be welcomed, including when they are actively using, and inspired with hope that they will get help to address all their issues to have a happy life. There should be welcoming “screening” so that it is easy for the client to share all of his or her issues, and have them documented and addressed.
- Relationships should be empathic, hopeful, integrated and strength based and address all problems as primary.
- Substance use issues, like other conditions, do not get “fixed,” so much as people are helped to build on their existing strengths and hopes to make step-by-step progress over time for all their issues in a process that is adequately supported, adequately rewarded (rounds of

applause for small steps or progress), strength based (build on existing successes), skill based (learning how to make progress very concretely one day at a time), stage matched (matching progress to stage of change or stage of treatment) and community-based learning.

In general, like for other conditions, people make progress slowly. The research will show that for young adults first entering treatment with co-occurring conditions, who are not initially interested in changing their substance use, a good integrated treatment approach will take three to four years for half the young adults to be stably sober, while most of the rest are making significant progress even though they may still be using. However, if a young adult gets engaged in a good integrated partnership, he or she can make important progress in six to twelve months, in terms of reducing use, getting in less trouble and have fewer crises.

6. What can family members or friends do to help a young adult who is using and abusing alcohol and/or drugs? What can family members or friends do to support compliance with services and supports?

Family and friends are very important supports to young adults struggling with multiple conditions. The most important way to be helpful is not by trying to make the person be “compliant” or by confronting the person with how much you want them to change.

The best strategy for family members or friends is to be an engaged partner—to join their friends or family members in love, especially when they are struggling, welcome them as they are, inspire them to identify their own hopeful goals and help them think through their plans step-by-step. Strength-based, slow step approaches are better than trying to send them to a program they do not want to go to in order to fix them.

Family members and friends should focus on the amazing periods of time when their loved ones did well, even if just for a few days. Empathize with

how much work they needed to be successful and help them figure out how to get one piece of additional help and support in order to do a little better the next time. If they are able to trust you enough so you become part of their support system, they may call you when they feel like using, or when they slip, and you can give them a round of applause for calling and help them through the next step.

7. What questions should a person ask about the treatment he or she is receiving to ensure it is effective?

As noted above, providers and systems are in different stages of development related to effective integrated co-occurring services. However, at this time, most providers recognize the importance of helping people with both mental health and substance use issues and most systems have some type of services available.

When seeking treatment, ask the following questions to ensure you are receiving an effective approach to treatment:

- I want help with both mental health and substance use issues. Can you help me? If not, where should I go?
- Do you welcome people who have both types of issues?
- Are your programs and staff working on being integrated and co-occurring competent?
- How would you help someone like me make progress one day at a time?
- Do you know how to do interventions that are matched to my “stage of change” for each issue?
- Can you help me learn some skills for dealing with substance use, building on what I am already doing right?
- If I tell you that I am using substances will you punish me or will you help me work on it?
- I do not want to be referred to a regular addiction program. I want help from my mental health team for both problems, can you do that?

It is important to note that some systems will say, “We have a dual diagnosis program but it is very small and there is a long waiting list.” If this

happens, you should respond by asking, “What can you help me work on right now? I am willing to work with my team to make small steps of progress.”

8. In the co-occurring field, is there a focus on peer support and recovery-focused services? What role do psychosocial interventions play? What recovery-based models exist and are emerging?

Peer support and recovery-oriented services are a critical component of all models of co-occurring services. Best practice models of integrated treatment, such as IDDT, have recognized that for people with co-occurring conditions to be engaging successfully in care, they need to be in a process that focuses on hope and recovery, not just on symptoms and disorders. In this process, peer support is a critical component.

More and more people living with mental illness are working in the field as peer specialists and the vast majority of peer specialists (in my experience, usually four out of five) are in dual recovery. There is a similar model emerging in the world of addiction treatment, called “peer recovery coaching,” that has been researched primarily at Chestnut Health Systems in Illinois by William White, Mike Boyle, David Loveland and others.

All treatment interventions for substance use conditions, whether abuse or dependence, are primarily psychosocial, whether or not the individual has a co-occurring mental health condition. The best practice of “integrated” care involves the best practice for an individual’s mental health condition combined with the best practice intervention for substance use, at the same time, within the same team.

This article continues on NAMI’s Child and Adolescent Action Center website, visit www.nami.org/caac.

Editor’s Note: *The questions included in this article were submitted by young adults interested in learning more about co-occurring conditions. NAMI greatly appreciates the time and expertise Dr. Minkoff provided for this article.* 