A Judges' Primer

on Mental Illness, Addictive Disorders, Co-occurring Disorders, and Integrated Treatment

Understanding and Recognizing Mental Illness

Mental illnesses are neurobiological diseases of the brain, but the precise causes of mental disorders are complex and still not well understood. Like many physical illnesses, they are believed to be determined by an interplay of biological, psychological, and social factors. No single gene is likely to cause a particular mental illness; rather, the interaction of multiple genes and environmental stressors increase the risk of mental disorders.

Anxiety, anger, and despair are normal reactions to the stressful experience of being arrested. Even when exaggerated, these symptoms by themselves may not constitute a diagnosable mental disorder. Only through a clinician's careful evaluation of the nature and severity of symptoms, and the resultant impairments they cause, can a mental disorder be diagnosed.

The Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Association is considered the definitive text on the different diagnosis of mental disorders in both children and adults.[1] It defines a *mental disorder* as:

> ...a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event.

Severe mental illnesses are long-term and disabling and include the following diagnoses: schizophrenia, schizoaffective, severe depression, bipolar disorder, and some severe anxiety and personality disorders. Any of these illnesses can co-occur with any combination of addictive disorders.

Understanding and Recognizing Addictive Disorders[2]

Addictive disorders are separated in the DSM-IV into "substance-induced" and "substance use" disorders. A diagnosis of "substance-induced disorder" implies that observed abnormalities in mood, thought, or behavior are directly the result of an ingested substance. This includes intoxication and withdrawal symptoms which resolve after the substance is cleared from the brain. For example, acute and prolonged use of cocaine can cause paranoia, which would be diagnosed as a substance-induced delusional disorder rather than a serious mental illness. The appropriate treatment for this condition is prolonged abstinence from cocaine.

The substance use disorder diagnosis is further divided into "substance abuse" and "substance dependence" disorders. Whereas substance abuse is defined as a "pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances," substance dependence is a cluster of symptoms that indicates that an individual has lost the ability to control his or her use of a substance despite significant substance-related problems.

Substance use disorders can involve any of the following substances:

- Alcohol
- Amphetamine
- Caffeine
- Cannabis
- Cocaine
- Hallucinogens
- Inhalants
- Nicotine
- Opioids
- Phenyclidine
- Sedatives, hypnotics, or anxiolytics

Understanding and Recognizing Co-occurring Disorders

There is a high prevalence of substance use disorders among people with severe mental illnesses. In criminal justice settings, three out of four people meeting criteria for a severe mental illness simultaneously meet criteria for a substance use disorder.[3] A diagnosis of both mental illness and substance use disorder is often referred to as a "dual diagnosis," and individuals with a dual diagnosis are often said to have

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"co-occurring disorders." According to the federal Substance Abuse and Mental Health Administration (SAMHSA), a co-occurring disorder exists "when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from [a single] disorder." Because the symptoms of addictive disorders can mimic those of a psychiatric disorder, a substance-induced disorder must be ruled out as the primary cause for disturbances in mood, thinking, or behavior.

Despite significant similarities in symptoms and treatment approaches, addiction and mental health treatment services are for the most part administered, licensed and funded separately. The separate treatment of mental illness and substance use disorders has proven ineffective for the large number of individuals with co-occurring disorders; as a result, these individuals seldom achieve stable recovery. Research has consistently demonstrated that *integrated treatment,* in which both mental illness and substance use disorders are addressed concurrently, is the most effective response to the needs of individuals with dual diagnoses.[4]

What Is Integrated Treatment and Why Does it Matter?

Research conducted over the last decade has shown that, without integrated services, people with co-occurring disorders have higher rates of hospitalization, homelessness, serious medical conditions, and incarceration.[5] Given the large number of people with mental illness that have co-occurring substance use disorders, integrated substance abuse treatment is a critical element in a comprehensive system of care for people with mental illness.[6]

Integration requires that providers develop a single treatment plan that addresses each set of conditions and outlines a plan for formal interaction and cooperation among all service providers in the ongoing reassessment and treatment of the individual. In many cases, integration also requires modifications to traditional treatment approaches. Successful programs involve family supports, provide intensive case management (as described below), use motivational interventions, and take a long-term treatment perspective.[7]

Few individuals with co-occurring disorders have access to integrated treatment, despite solid evidence that it is required to achieve effective outcomes. A recent report by SAMHSA indicates that, of the 4 million adults with co-occurring disorders, 52 percent received no treatment at all and only 12 percent received both mental health and substance use treatment.[8]

INTEGRATED TREATMENT

Integrated interventions are specific treatment strategies or therapeutic techniques in which treatment for all co-occurring diagnoses or symptoms are combined. Integrated treatment requires the participation of treatment providers trained in both substance abuse and mental health services, and the development of a single treatment plan addressing each set of conditions.

ACHIEVING INTEGRATED TREATMENT

Generally, a single agency or entity must provide integrated services in order to effectively treat individuals with co-occurring disorders. This often requires discretionary or blended funding to cover the cost of multiple services and dually trained treatment personnel.

Example: Assertive Community Treatment (ACT) (sometimes referred to as Program of Assertive Community Treatment [PACT]), is a team-based approach to the provision of treatment, rehabilitation, and support services. ACT/PACT models are built around a self-contained multidisciplinary team that serves as the single point of responsibility for a fixed group of individuals. With this approach, normally reserved for clients with severe and persistent mental illness, the treatment team typically provides all services using a highly integrated approach to care.

1 American Psychiatric Association. (1994). *Diagnostic and Statistical Manual on Mental Disorders* (4th ed.). Washington, D.C.: American Psychiatric Association.

2 Adapted from: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration and Center for Mental Health Services. (2005). *Definition and Terms Relating to Co-Occurring Disorders: Co-Occurring Center for Excellence Overview Paper No. 1.* Rockville, MD.

3 Abram, K.M. & Teplin, L.A. (1991). Co-occurring Disorders Among Mentally Ill Jail Detainees. *American Psychologist, 46*(10), 1036–1045.

4 Drake R.E., Essock, S.M., Shaner, A., Carey K.B., Minkoff K., Kola L., et al. (2001). Implementing Dual Diagnosis Services for Clients with Severe Mental Illness. *Psychiatric Services*, 52(4), 469–476.

5 *Ibid.*

6 *Ibid.*

7 Drake, R.E., Goldman, H.H., Leff, H.S., Lehman, A.F., Dixon, L., Mueser, K., et al. (2001). Implementing Evidence-Based Practices in Routine Mental Health Service Settings. *Psychiatric Services*, 52(2), 179–182.

8 Epstein, J., Barker, P., Vorburger, M., & Murtha, C. (2004). *Serious Mental Illness and Its Co-Occurrence with Substance Use Disorders, 2002.* (2004). Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

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