

# Co-Occurring Mental Health & Substance Use Disorders

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## What are Co-Occurring Disorders?

Co-occurring disorders and dual diagnosis are two common terms for people suffering simultaneously from substance use and mental health disorders or illness. Co-occurring disorders are inextricably linked<sup>1</sup> and often involve multiple substance use and more than one mental disorder.<sup>2,3</sup>

The negative impacts associated with co-occurring disorders include more severe health outcomes compared to either disorder alone,<sup>4</sup> poor treatment outcomes,<sup>5</sup> violence, incarceration, homelessness, serious infection,<sup>6</sup> suicide,<sup>7</sup> and effects on family functioning.<sup>8,9</sup>

Because both mental illness and substance use disorders vary so widely in type and severity, so do the potential combinations. Additionally, substance use can lead to symptoms of mental illness or disorder, and conversely mental illness or disorder can lead to substance use.

Brad Sjostrom from West Pines Behavioral Health, a Colorado facility licensed for co-occurring disorders,

explained, "There are people who have a primary substance use disorder ... who develop psychiatric symptoms as a consequence (substance-induced psychosis, substance-induced depression). [Also] there are people who have a strong trauma history who have addictions as a sequela – It's not valuable to put them all together conceptually. Although treatments are similar, [there are] still particularities."

Co-occurring disorders also often operate bi-directionally, with one disorder magnifying the other.<sup>10,11</sup>

The following sections provide an overview of the prevalence of co-occurring disorders in Colorado and the barriers to documenting and providing treatment for co-occurring disorders.

## Substance Use and Mental Health in Colorado

Prevalence data at the state-level for co-occurring disorders are limited; however, looking at trends in poor mental health and heavy substance use (not diagnosed disorders) for Colorado adults and adolescents highlights areas for further attention.

**"People living in Colorado affected by the combination of mental health and substance abuse problems face nearly overwhelming life challenges including finding specialty care matched to their needs and individual circumstances."**

The Behavioral Risk Factor Surveillance System (BRFSS) is one of Colorado's primary data sources for understanding the prevalence of adult substance use. The Colorado BRFSS is a brief phone survey that provides representative, population-based results on health conditions and behaviors of Colorado adults, including core questions from the Centers for Disease Control and Prevention. The BRFSS survey collects data on past month use of alcohol, marijuana, and tobacco and limited data on mental health.

Alcohol and marijuana are among the most commonly used substances in Colorado. Binge drinking (4+ drinks for a female or 5+ drinks for a male on a single occasion), heavy drinking (8+ drinks for a female or 15+ drinks per week for a male in a week) and daily or near daily marijuana use (20+ days in a month) all have documented health and safety concerns. Binge drinking and heavy drinking have many serious risks, including injuries from accidents and violence, increased risks of overdose from

combining with other substances, several types of cancer, and other chronic disease.<sup>12</sup> Daily or near daily use of marijuana is strongly associated with memory impairment, future psychotic symptoms, psychotic disorders (like schizophrenia), and withdrawal symptoms.<sup>13</sup>

In Colorado, adults who reported their mental health was not good on 14+ days of the past 30 were more likely to engage in heavy drinking, binge drinking, and/or daily or near daily marijuana use. In 2018, adults experiencing poor mental health had 70% higher rates of heavy drinking, 25% higher rates of binge drinking, and 25% higher rates of daily or near daily marijuana use.<sup>14</sup>

Figure 1. High school students who have experienced a major depressive episode in the past year are more likely to use alcohol, marijuana, and prescription drugs.



Data source: Healthy Kids Colorado Survey, CDPHE, 2017

The Healthy Kids Colorado Survey (HKCS) asks students in Colorado if they have experienced a major depressive episode in the past year. In 2017, high

school students who experienced a major depressive episode in the past year were nearly two times more likely to report current use of marijuana or alcohol, including binge drinking or using marijuana 20+ times in the past 30 days. They were three times more likely to report current use of prescription drugs not given to them by a doctor (Figure 1).

Additionally, high school students who experienced a major depressive episode in the past year were more likely to have used multiple substances in their lifetime, compared to students who used only one or zero substances.<sup>15</sup>

## Prevalence of Co-Occurring Disorders

The National Survey on Drug Use and Health (NSDUH) collects data at the national and state level that allow for estimates of co-occurring disorders. In 2018, 9.2 million adults in the U.S., amounting to 3.7% of the adult population, experienced co-occurring disorders, which represents an increase from 2016. Nationally, 18-25 year olds had the highest rates of co-occurring disorders (7.2% in 2018). In Colorado, 4.6% of adults reported co-occurring disorders according to a 2016-17 NSDUH analysis. The national average for this time period was 3.4% (Figure 3).<sup>16</sup> Measurement

### Data Definitions

#### Mental Health Not Good for Adults, BRFSS

Stress, depression, and problems with emotions in the past 30 days

#### Major Depressive Episode for Adolescents, HKCS

Feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities

#### Adult Co-occurring Disorders, NSDUH

Anyone 18+ with both illicit drug or alcohol abuse or dependence and any mental illness in the past year

#### Adolescent Co-occurring Disorders, NSDUH

Anyone 12-17 years old with both illicit drug or alcohol abuse or dependence and a major depressive episode in the past year

#### Any Mental Illness for Adults, NSDUH

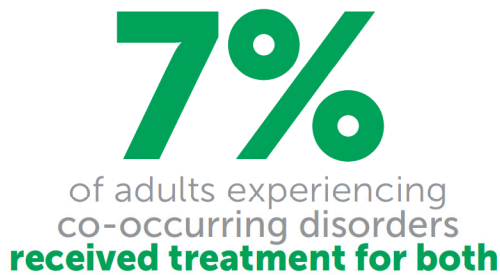
Any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs)

#### Adolescent Major Depressive Episode, NSDUH

At least one period of 2 weeks or longer in the past year when they experienced a depressed mood or loss of interest or pleasure in daily activities, accompanied by problems with sleeping, eating, energy, concentration, or self-worth



Figure 4. National percent of adults receiving both substance use treatment and mental health services.



Data source: NSDUH, 2018

with a substance use disorder. Those with co-occurring disorders had higher rates of legal convictions and incarcerations, more acute history of personal violence and negative life events, and higher rates of incomplete treatment.<sup>18</sup> Within DACODS, 52% of intakes for substance use also had mental illness. Those with co-occurring disorders were more likely to use more dangerous substances (such as methamphetamine), use their primary substance with more frequency, have experienced trauma, and have higher rates of incomplete treatment.<sup>19</sup> Colorado would benefit from developing an integrated mental health and substance use data system to improve the state's ability to monitor this issue and others.

## Equity Considerations

When summarizing national or state data, it is easy to smooth over nuances. To recognize and address health disparities, we must analyze data in ways that uncover impacts on populations experiencing inequities. When disparities in outcomes are highlighted, providing additional context regarding root causes is necessary to allow the data to point towards solutions rather than further perpetuate stigma.

The data on co-occurring disorder shows clearly that nationally and in Colorado, people who identify as LGBTQ+ report higher rates of co-occurring disorders than heterosexual and cisgender people. Among lesbi-

an, gay, and bisexual people the rate of co-occurring disorders is 11.0% nationally, compared to 3.1% for straight people. In Colorado 3.9% of straight people report a co-occurring disorder, compared to 19.8% for lesbian, gay, and bisexual people.<sup>20</sup> Stigmas associated with mental health and substance use act as a dual stigma in addition to the stigma of gender identity and sexuality. As a community that faces extreme prejudice and other biases, they also experience higher rates of poor mental health, substance use, and suicide. Efforts to improve mental health and substance use outcomes for

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***"If we are talking about client care, we do that [co-occurring] care, but, as far as for us as an agency, that is a real obstacle because we are paying a much higher rate [for co-occurring treatment providers] than what we are getting reimbursed [as a substance only treatment facility]. ... It is very contradictory in what the proposed goals are [in the national treatment conversation], but yet the language in what is coming out ... as far as funding, et cetera, is still the same. It is mental health or it is substance use, and that really is not the goal."***

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-Colorado Substance Use  
Disorder Treatment Provider

people who identify as LGBTQ+ focus on increasing provider competency and supportive practices among providers for LGBTQ+ needs.<sup>21</sup>

## Conclusion

While awareness and motivation to improve outcomes for this population have been steadily raised for decades, barriers remain that limit data, treatment, and implementation of evidence-based strategies at a systems level.<sup>22, 23</sup> Barriers include facility licensing, treatment reimbursement rates, data collection requirements, and focus on individual treatment rather than public health approaches.<sup>24-26</sup>

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