The Prevalence of Co-Occurring Disorders: Mental Health and Substance Use Essay

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**Part 1: The Prevalence of Co-Occurring Disorders**

**Question Number 1**

 The statistical information discovered on the prevalence of co-occurring disorders by researchers from 1980 till 1990, said that the mental health disorders greatly linked to the substance abuse than with the depression. According to the treatment programs for substance abuse in this era, it was reported typically that fifty to seventy percent people suffered from this disorder, whereas according to the clinical reporting it was measured to be between 20-50 percent (Center for Substance Abuse Treatment, 2005). Such statistics are not surprising at all, as it is a common case scenario for the association of mental disorder with substance abuse. These reports and studies provided limited and insufficient information about the issue of prevailing co-occurring disorder. The sufficient and innovative statistical information intrigues the reader and is much beneficial, rather than the old and scarce information.

**Question Number 2**

 Many studies have found an association of findings of the external variables which get affected due to the co-occurring disorder, i.e., the adverse impact of substance abuse on the treatment course for any pathology. A study conducted by Crome, 121 clients with a psychological issue were taken as a sample for substance abuse, out of these patients 36% were hospitalized twice the more days than the patients who never had substance abuse issues. Further, the statistics showed that there is a higher rate of these individuals suffering through diseases like depression, HIV, suicide risk and relapse or rehospitalization. This information provided is much innovative and sufficient, and it intrigues further researchers to explore this method and rely on the bases of these statistics. Further, the statistics about the treatment provided to patients with the co-occurring disorder have lower rates of suicidal thoughts and attempts than the patients with no treatment given. This piece of information is interesting as it indicates the comparison between two subgroups giving sufficient information statistically.

**Part 2: Clinical Symptoms of Substance Use Disorders**

**Question Number 1**

The 11-criterion for identifying and diagnosing the substance abuse disorder according to DSM-V is mentioned as following (American Psychiatric Association, 2013):

1. The quantity of substance taking in larger proportions and is in use for longer time than the actual duration on a specific situation or time
2. The feeling for stopping or cutting down the usage of substance, but not willing to do so.
3. Expenditure of excessive time over consuming, buying or recovering from using the substance.
4. Urges and cravings for substance use, feeling of agitation and problematic occurrence on its unavailability.
5. Because of its usage not able to manage the academic or work life and also the personal life at home.
6. Even when it causes the issues in relationships and personal life still continuing the usage of substance.
7. Giving up over the important occasions, social activities or professional duties just for substance use.
8. Continuity and relapses of the substance use even after the harm caused and the danger in which it puts a person.
9. It is continuing the usage even after knowing the worse psychological or physical condition which is aggravated by its usage.
10. Building tolerance by using it in more quantity for getting the desired effect.
11. The progression of symptoms of withdrawal which are soothed by doubling the intake of substance.

When only two-three symptoms are present in a person, he is said to have a mild substance-use disorder. Whereas, more than three and until five symptoms show a moderate level of this pathology. The indication of more than six symptoms shows the severity of this disorder.

**Part 3:** **The Similarities and Differences in the Mental Health and Substance Abuse Systems**

**Question Number 1**

 The differences between the systematics of mental health and substance abuse are related to the clinical approach of treatment systems. The presence of a mental health system is not just through one single approach; rather it is provided through various healthcare systems and practitioners including the psychologists, psychiatrists, and public health workers or counselors. It has a large variety of systems related to treatment, i.e., the patient is either provided with different approaches to treatment, for instance, subacute, acute or long-term symptoms. The use of medication is more prevalent in medical treatment than in treating addictions of substance use. The medication related to psychoactive abilities is used to treat the average patient with little to no risk for addiction or abuse. Moreover, the treatment system is not present for the addiction to substance but are available for mental health issues.

 The similarities between these two systems are that there are a variety of settings under which treatments are provided. Also, the medical system is almost similar to the primary healthcare givers are there to tend to the needs and treatment for the addiction based and mental health issue based issues in a patient. Both the treatment systems have multiple levels of care, within the public and private sector. The increased usage of the case and care managing is provided in both the systems.

**Question Number 2**

 The integrated approach is the combined approach to the treatment of both mental and addiction treatment for patients with co-occurring disorder. It involves the treatment on simultaneous levels for both disorders, and its effectiveness is inevitable due to the fact that the mental health is cured side by side with the substance use disorder. The mental health treatment provides an understanding to the patient of the role played by a substance in their life. It further gives way to the chance of exploring the connection of mental health issue with the substance abuse disorder (Wüsthoff, Waal, & Gråwe, 2014).

**References**

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