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Considerations for Integrating Treatment Services for Co-occurring Mental Health and Substance Misuse Concerns

Throughout the world, there is a critical shortage of services for people with mental health and substance misuse concerns. These shortages are made worse by challenges coordinating services to treat both conditions.

Ireland's 2017-2025 National Drugs Strategy, Reducing Harm, Supporting Recovery, sets a goal to improve treatment for individuals dually diagnosed with mental health and substance misuse concerns. Ireland's Health Research Board hopes to develop a standardised, evidence-based approach to the identification, assessment, and treatment of a co-occurring diagnosis.



The Health Research Board chose the Georgia Health Policy Center to conduct a realist review to better understand why some interventions work (or do not work) for some people with dual diagnosis and under what conditions. This review drew on the real-world experience of service providers and service users of dual diagnosis treatment, as well as a review of the published research literature.

Results from this review will support Ireland's new Mental Health Clinical Programme by providing information needed to develop integrated care between mental health and drug and alcohol services. The results provide some insights as to how integrated systems can be built to use evidence-based models of care to improve outcomes for individuals with a co-occurring diagnosis.

The review sought to answer three questions:





- What interventions improve treatment and personal functioning outcomes for people with co-occurring substance use and mental health problems and in what circumstances do they work?
- What aspects of integrative programmes for the treatment of co-occurring mental health and substance use disorders trigger positive system outcomes and in what circumstances do these outcomes occur?
- What existing models of care for adults with co-occurring mental health and substance use disorders lead to positive treatment outcomes and successful service integration?

Considerations for Service Integration

Initial recommendations are focused on a few preliminary actions that may have high leverage and build on what currently exists. Recommendations were categorised by the four levels where actions can be taken. The levels include policy or system, organisational and provider, service and treatment, and individual and family.

For example, at the policy or system level, high-leverage steps may focus on the alignment of resources. At the organisation or provider level, a focus on building a knowledgeable workforce is important. In areas where integrated programmes do exist, learning communities can provide a starting place for integrating and sharing knowledge about treatment and building a culture that supports putting the individual at the centre of the system of care.

The wisdom gained from knowledge users and the literature synthesis reveals numerous ideas for building an integrated system. The table below outlines initial implementation ideas to be considered. These can be translated into evidence-based actions.

Level	Potential Action
Policy/System 	<ul style="list-style-type: none"> • Create incentives in payment to providers for integrating care of individuals with co-occurring diagnosis • When developing service payment agreements, include deliverables that recognise the long path to recovery • Analyze the system as it relates to access to psychological services and align providers with service needs • Examine payment structure for peer mentors, coaches, and instructors • Explore how resources can be allocated to support a holistic approach to care (e.g., housing, supportive employment)
Organisation/Provider 	<ul style="list-style-type: none"> • Build a knowledgeable, integrated workforce that keeps the individual at the centre • Develop a common language among different provider types, consumers, and families • Examine training modes and build in time to support provider training and cross-training to build competence and confidence • Build a culture of hope
Service/Treatment 	<ul style="list-style-type: none"> • Create a learning community among the current integrated programmes • Conduct a realist evaluation of the current work and use the learnings to improve current programmes and build others • Allocate resources to support the creation of new integration pilot programmes that include resources for programmes, technical assistance, and peer support from current integrated programmes • Use the evidence from this review to guide future programme development
Individual/Family 	<ul style="list-style-type: none"> • Build systems for co-production at each level of the system: policy, provider, treatment design, and individual care • Recognise the importance of favorable attitudes toward recovery, social support, self-management behaviors, socioeconomic stability, and incentives for engagement in treatment • Include service users and families in care decisions, use peer support, and take a holistic view of treatment to support trust, flexibility, and hope in work with service users