

Co-occurring Substance Use and Mental Health Needs: Enhancing the Adult Needs Strength Assessment (ANSA) to Manage Services

Abstract

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Background. Substance use disorders (SUD) are common, affecting one in 25 adolescents (ages 12 -17), one in seven young adults (ages 18 to 25), and one in 16 adults (ages 26 and older) during 2017. ¹ While 16.7% of adults without SUD experienced mental health (MH) disorders, 45.6% of adults with SUD experienced co-occurring MH disorders.¹ Related research found much higher rates of adults with MH or SUD disorders (50-75%) have co-occurring disorders. ^{2, 3, 4, 5} Co-occurring MH and SUD make treatment more difficult, increase use of health resources, and interfere with individuals' life functioning.^{2, 3, 4} In response to the opioid crisis, SUD treatment funding and services are expanding. Effective treatment requires identification of co-occurring disorders (COD). The goal of this study was to examine how well practitioners assess and identify COD in practice.

Emerging questions. 1. Using the Adult Needs and Strengths Assessment (ANSA, Lyons, 2009), what is the rate of identified actionable co-occurring disorders (COD) - SUD and mental health disorders – for young adults in substance use and in mental health treatment? 2. How much did young adults with COD improve over time?

Evaluation Methods. We analyzed existing state ANSA data and outcome reports to compare rates of identified COD for young adults. Through the lens of young adults participating in SUD or MH treatment, we also explored different approaches to measuring change over time with the ANSA: resolved needs, building strengths, clinical progress (getting better), and reliable change in one domain.

Results. Consistent with the literature, for young adults participating in SUD treatment, 55.4% had COD. In contrast, only 16.9% of young adults involved in mental health specialty treatment had identified COD. Yet, consistent with research, about 50% of young adults with psychosis had co-occurring SUD.⁵ Outcome reports were disaggregated to identify outcome disparities by gender. Across commonly identified needs, men experienced more improvement than women in the areas of resolved substance use (22.7% versus 17.69%), legal involvement (7.19 % versus 4.62%), and recent criminal behavior (7.88% versus 6.86%). Men also improved anger control (2.84%), social functioning (7.19%), and involvement in recovery (4.11%). Women were more likely than men to improve decision making (11.66% versus 9.88%) and experienced improved family functioning (5.74%) and recreational activities (9.29%).

Implications. Statewide, COD was identified through the ANSA at expected rates in most SUD treatment settings.^{1, 4} Significantly lower rates of identified COD in MH treatment settings documented the need for better substance use screening, assessment, and focused quality

improvement initiatives. Disaggregating outcome reports identified different need profiles and disparate outcomes by gender. Developmentally-appropriate, individualized behavioral health services for young adults will improve engagement, assessment and outcomes.^{6, 7}

References

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