

**Psychiatric co-morbidity in substance abuse treatment: Analyzing the current health care situation**

Hanna Brand<sup>1</sup>, Oliver Pogarell<sup>2</sup>, Tim Pfeiffer-Gerschel<sup>1</sup>, Barbara Braun<sup>1</sup>

<sup>1</sup> IFT Institut für Therapieforschung <sup>2</sup> Ludwig-Maximilians-Universität München

**Background and aim:** A substantial number of people with substance use disorder (SUD) are affected by at least one additional mental disorder. The high co-morbidity between SUD and mental disorders as well as the negative effects on course and treatment of illness were found consistently in a multitude of empirical studies. Nevertheless, implementation of this knowledge into practice is still challenging. It can be assumed that the structural separation of addiction and psychiatric care in Germany makes it difficult to identify and consider co-morbid disorders adequately in practice. Additionally, the heterogeneity of services within the substance abuse treatment system complicates the implementation of a uniform approach to treat co-morbidity. In this context, the current health care situation of people with psychiatric co-morbidity in the German Substance Abuse Treatment system will be analyzed. In particular, we want to investigate how co-morbidity is actually encountered in practice, how it affects treatment course and outcome and what is required to provide an adequate treatment for co-morbid clients.

**Method:** Data of n=200 inpatient and n=822 outpatient treatment centers within the German substance abuse treatment system, that provide information on client and treatment characteristics, were analyzed. The sample consists of n=154,344 outpatient and n=40,062 inpatient subjects, thereof n=9,526 clients with co-morbid affective disorders and n=4,560 clients with co-morbid anxiety disorders. Data collection within the treatment facilities is carried out by staff members according to a standardized documentation form (national core dataset). Prevalence rates of co-morbid psychiatric diagnosis, according to ICD-10, were reported and structures and procedures in addiction care related to co-morbidity (e.g. co-operations and networks with other health care providers) were mapped. Additionally, special features in the treatment of co-morbid clients in inpatient and outpatient substance abuse treatment were investigated with regard to treatment course and outcome.

**Results:** Reported prevalence rates of co-morbid psychiatric diagnoses in addiction care are relatively high (50.7%) in inpatient and relatively low (4.6%) in outpatient addiction treatment centers. In both settings affective (outpatient: 46%, inpatient: 41%) and anxiety disorders (outpatient: 19%, inpatient: 20%) are the most prevalent co-morbid diagnoses. Clients with these additional diagnoses show higher rates of internal and external complementary (mainly psychiatric and therapeutic) care and better treatment course and outcome. Accordingly, about 85% of all inpatients with co-morbid affective or anxiety disorders, and 69% of all outpatients respectively, show a regular termination of treatment and an improvement of their problematic substance use at the end of treatment. Co-operations with other psychiatric or medical services are stronger in the treatment of co-morbid clients, especially in outpatient settings. About 51% of outpatients and 84% of inpatients with co-morbidity are referred to another health care service after end of treatment.

**Conclusions:** Against our expectations, clients with co-morbid psychiatric diagnosis are provided with extended psychiatric treatment or therapeutic care and show better treatment course and outcome. Possible reasons for these findings and its implications for practice are discussed, regarding the importance of an extensive diagnostic assessment in substance abuse treatment to provide adequate treatment for clients with co-morbidity.

**Key conclusions:** Against the expectations, clients with documented co-morbid psychiatric disorders in substance abuse treatment are provided with extended psychiatric treatment or therapeutic care and show better treatment course and outcome. This underlines the importance of a comprehensive diagnostic assessment in addiction care to detect co-morbid disorders adequately, which serves as an essential precondition for providing adequate treatment for co-morbid clients.

**Background/rationale:** A substantial number of people with substance use disorder (SUD) are affected by additional mental disorders. The high co-morbidity between SUD and mental disorders as well as the negative effects on course and treatment of illness were found consistently in a multitude of empirical studies. Nevertheless, implementation of this knowledge into practice is still challenging, not least because of the structural separation of addiction and psychiatric care in Germany and the heterogeneity of services within the substance abuse treatment system. Therefore investigation is needed on how co-morbidity is actually encountered in practice, how it affects treatment course and outcome and what is required to provide an adequate treatment for these clients.

**Research questions:** How many clients in German substance abuse treatment are affected by co-morbid psychiatric disorders? Does treatment differ for clients with co-morbid psychiatric diagnosis? What is needed to provide adequate treatment for co-morbid clients in addiction care?

**Methods:** Data of n=200 inpatient and n=822 outpatient treatment centers within the German Substance Abuse Treatment system, that provide information on client and treatment characteristics, were analyzed. The sample consists of n=154,344 outpatient and n=40,062 inpatient subjects, thereof n=9,526 clients with co-morbid affective disorders and n=4,560 clients with co-morbid anxiety disorders. Data collection within the treatment facilities is carried out by staff members according to a standardized documentation form (national core dataset). Prevalence rates of co-morbid diagnosis were reported and structures and procedures in addiction care related to co-morbidity (e.g. co-operations and networks with other health care providers) were mapped. Additionally, special features in the treatment of co-morbid clients in inpatient and outpatient substance abuse treatment were investigated with regard to treatment course and outcome.

**Results:** Reported prevalence rates of co-morbid psychiatric diagnoses in substance abuse treatment are relatively high (50.7%) in inpatient and relatively low (4.6%) in outpatient addiction treatment centers. In both settings affective (outpatient: 46%, inpatient 41%) and anxiety disorders (outpatient: 19%, inpatient: 20%) are the most prevalent co-morbid diagnoses. Clients with these additional diagnoses show higher rates of internal and external complementary (mainly psychiatric and therapeutic) care and better treatment course and outcome. Accordingly, about 85% of all inpatients with co-morbid affective or anxiety disorders, and 69% of all outpatient clients respectively, show a regular termination of treatment and an improvement of their problematic substance use at the end of treatment. Co-operations with other psychiatric or medical services are stronger in the treatment of co-morbid clients, especially in outpatient settings. About 51% of outpatients and 84% of inpatients with co-morbidity are referred to another health care service after end of treatment.