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Co-occurring Substance Abuse & Mental Health

This week's readings focused on the topic of substance abuse and mental health. Co-occurrence is significant with these disorders, and someone with either has an increased likelihood of being at risk of the other. Those with these co-occurring disorders face and experience a more challenging course due to severe and frequent recurrence of symptoms. This impacts life areas that can affect the family connections, gainful employment ability, and an adequate housing situation. Families are paramount as a support system, therefore educating family members is key (Rosenberg Pg. 244-245). Other challenges that people with co-occurring disorders face is the stigma from society. In a survey within the mental health community 25% felt people were caring towards those with mental illness, versus 57% of people without any mental illness felt this way. Studies show the influence of this stigma included discrimination employment pursuit and housing opportunities. This is due to society generally having a fear and anxiety towards people who experience these problems within their communities (Rosenberg Pg. 245). Issues on a societal level also highlight the unfortunate systemic problems that have failed this population too. Priorities in competing aspects of social justice in the U.S. has 67% of funds allocated to enforcement of drug control while 32% of funds are allocated for substance abuse treatment. This has been a challenge over the last 50 years as the trend institutionally has seen the mentally ill go from the mental health system to the criminal justice system. Prisons have become the largest treatment providers of those with co-occurring disorders. The war of drugs

and criminalization of drug offenses has resulted in dramatic increase in drug arrests, and now half of those incarcerated stem from drug charges (Rosenberg Pg. 246-247). Theories of what causes co-occurring disorders include the common factor, secondary mental illness, secondary substance abuse and bidirectional models. Common factor models imply risk factors such as genetic vulnerability, family risk and social/environmental context are the causes. Secondary mental illness models suggest that substance abuse brings on mental illness while secondary substance abuse models suggest the opposite. Bidirectional models however suggest that co-occurring disorders perpetuates and worsens them (Rosenberg Pg. 248-249). Overall, keys to addressing co-occurring mental health and substance abuse disorders requires access to evidence based treatment. We must reduce barriers to funding and professional training need to be improved, as well as greater focus on those who are most vulnerable to give them access to a full life (Rosenberg Pg. 255).

The most interesting part of the reading is when the etymology of what causes co-occurring mental disorders. I believe that all these models are correct in the right context for a particular client situation. In the common factor model, there are risks that an individual can face in the context of family and social environment. In the reading, the case of Leo appears to fit this model as the influence of friends led to his substance abuse problems. However, one could argue that we do see the secondary mental illness as a model too as Leo's substance abuse eventually turns into him having a mental illness. We arguably see the bidirectional model at play when the co-occurring disorders worsen Leo's state too. All of the models appear to contribute to comorbidity, it just appears that the one model may have been more prevalent in the causation of the co-occurring disorders. Based on this, I would apply the information I have learned into my practice but take on a unique and individualized treatment approach (Rosenberg Pg. 250). The

experience of those with co-occurring disorders varies, therefore I would recommend the approach the quadrant model takes in helping clinicians decide which mental health treatment to take. On a macro-level, I would also in practice advocate for increased funding in mental health treatment and promoting mental health education to help reduce the stigma associated with mental illness.