What Is A Co-Occurring Disorder?

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Co-Occurring Disorders and the Interaction of Mental Illness and Addiction

A co-occurring disorder is used to describe a person who has a mental illness and a disorder that is caused by a substance at the same time (Bright et al. 2017). People who have this kind of disorder usually have one or more disorders that relate to the use of alcohol or other drugs or more mental disorders. One is described as having a co-occurring disorder if at least one of the disorders of a specific type can be established independently without having symptoms that result from another disorder. Some examples of Co-occurring disorders include alcohol addiction with panic disorder, major depression with cocaine addiction, and the disorder of bolder-line personality with episodic poly-drug addiction with schizophrenia, among others. People with this kind of disorder usually experience more severe and chronic social, medical and emotional problems than those who are experiencing substance-use disorder or mental health conditions alone. These two diseases, at times, become difficult to differentiate due to symptoms that appear to be alike.

This topic is examined further in Substance Use & Co-Occurring Psychiatric Disorders In The US.

Mental health and substance abuse disorders usually occur as a result of environmental and biological factors. Addiction and mental disorders are both lively processes, with a variation in the degree of severity, progression rate, and show of symptoms. Both of them are influenced by factors like environment, pharmacological influences, and genetic liabilities. Genetic risks expose an individual to higher risks of being infected. Environmental risk, on the other hand, can help in sustaining the disorder, and finally, pharmacologic risks are whereby the drugs which are provided can lead to substance-use disorder problems.

Symptoms, Diagnosis, and the Complexity of Dual Conditions

There are also signs and symptoms associated with this disease. These symptoms include the ones which are associated with mental health and substance abuse that one has. It becomes hard to treat this kind of disease since, in most cases, you will find that the symptoms of substance abuse cover those of mental illness and vice versa. This makes them appear as one.

There are various ways that can be used in the treatment of this disorder. One of the ways is the provision of appropriate medication at the medical centres, which can be used in treating patients. The introduction of psychological classes may also be of importance to the infected patients, as well as those who are not affected. This is a way of creating awareness, making people understand what this kind of disorder is all about, how to manage it, and also where to seek appropriate medication in case of its occurrence. Education will also be of importance in advising society that the disorder is normal, which will help reduce any isolation that is likely to occur.

The treatment of co-occurring disorders in most cases becomes a trick due to various reasons. Clinicians should, therefore, keep in mind that some disorders occur frequently. They also need to know that there are many disorders that are very similar, and yet they are different (Kampman & Jarvis 2015). This calls for a thorough evaluation before deciding on the kind of treatment they are supposed to recommend to the patients.

Fragmented Treatment Systems and Barriers to Recovery

There are a lot of challenges when it comes to the treatment of people with co-occurring disorders. This is because their health deteriorates at a higher rate since the treatment systems of substance abuse and mental health are not integrated generally. This makes it hard for a person to move from a specific region to be treated for one illness and then move somewhere else to be treated for another health issue.

People with the co-occurring disorder, in most cases, will seek treatment due to their obvious stressing symptoms. It is noted that some of the people who have personality disorders seem to be less bothered as compared to those they interact with. They also appear to have no idea about the impact of personality disorder on their lives (Graham et al. 2016). Therefore, when a patient seeks assistance to get treatment for distressing symptoms like anxiety or even depression, the presence of a personality disorder is likely to make the treatment complicated. At times, how the two disorders relate may also complicate treatment. For example, consider a person who comes for treatment to cure alcohol abuse following a DIU. The existence of an underlying bordering personality would give an assumption that the abuse of alcohol results from impulsivity. It may also result from attempts made to regulate intense emotions. All these reasons originate from underlying borderline personality, making the treatment of alcohol abuse complicated due to the problem of emotion regulation and impulsivity.

The other thing which makes the treatment process complicated is that individuals with personality disorders usually have difficulties when it comes to interpersonal relationships. Interacting with the therapist is also a form of interpersonal relationship. Personal disorders may affect the formation of the therapeutic relationship, which in turn affects the healing process. People with disorders like Paranoid Personality Disorder find it very hard to trust someone. This makes it difficult for them to

trust their treatment providers. This makes them feel like they are being lied to and even go ahead with not taking the drug they are provided with or fail to follow the instructions as guided by their medical attendants.

Therapeutic Communication and Patient Resistance in Integrated Care

At times, patients find it difficult to tolerate topics such as negative behaviours of the patients, which are normally discussed by the therapists. These discussions, in most cases, make the patients feel uncomfortable, and at times, they get angry. Most of these patients lack interpersonal skills, which are required to deal with unpleasant feelings and conflicts. This makes them more frustrated over an issue that was not even meant to harm them (Kampman & Jarvis 2015). This makes it difficult for the medical attendants to help, and you will find an issue that was supposed to be settled within a short period, which will have to take ages due to misunderstandings that arise between the patients and the therapists.

Other factors which may complicate treatment include self-destructive behaviours, which are normally carried out by people with personality disorders. These may include the use of a substance or self-injury. It may also include counter-therapeutic acts like the unwillingness of the patients to follow the instructions given to them by doctors, as well as dishonesty. All these factors contribute to difficulties in the treatment of co-occurring disorders.

Looking at the co-current disorder, I also support the fact that it is difficult to treat this illness due to the inability to identify the specific distinct symptoms which are associated with the two diseases and also the difficulties that arise as therapists try to treat their patients. This, on the other hand, does not imply that the disease cannot be managed. There are other ways, such as rehabilitation, that may be used to settle the mental problems caused by drugs, and then the other illness may be treated by doctors later. If this fails, the doctors should carry out more research and find ways or even drugs which may be used for the treatment of concurrent diseases. Society as a whole should also be encouraged to support those who are affected rather than isolate them. Constant advice and even offering medical support may enable them to feel like part of society and take the disease positively, which will also make them heal faster. Staying away from those who are infected will make them feel stigmatized, which will, in turn, worsen their situations.

References

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