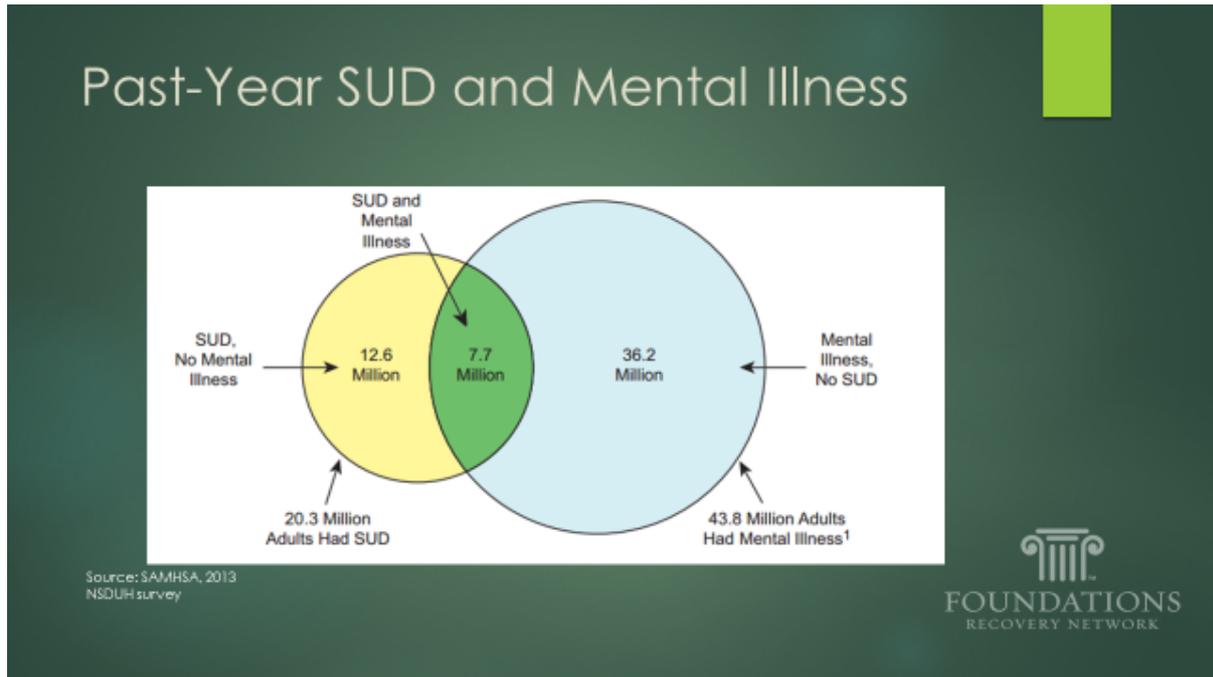


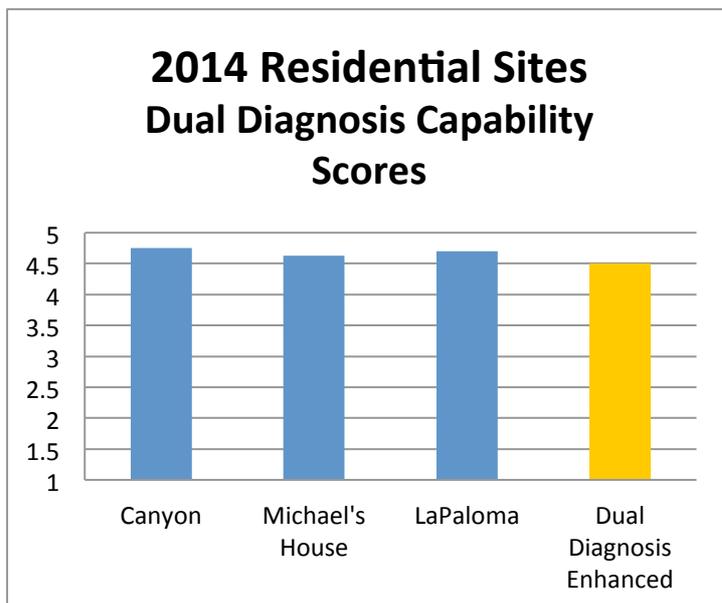
# FRN Mental Health Outcomes

## Introduction

According to the Substance Abuse and Mental Health Services Administration, 27.6% of adults who used illicit drugs in the past year also had a mental illness compared to 13% of adults who did not have a mental illness and used illicit drugs. Additionally, alcohol use in the past month was also higher among adults with mental illness than among those who did not have an mental illness (8.0% vs. 6.6%). Further, 37.8% of the 20.3 million adults with a substance use disorder (SUD) had a co-occurring mental illness (16.7% of adults without SUD had mental illness in the past year).



Foundations Recovery Network (FRN) specializes in treating patients with both substance use and mental health disorders. Patients with both substance use and mental health disorders are said to have co-occurring disorders (COD). Treatment integrating care for both disorders is referred to as dual diagnosis treatment.



Dual diagnosis treatment has very specific guidelines and standards. SAMHSA developed a manual for the integrated treatment of dual diagnosis called TIP 42. This manual includes best practices, and FRN is presented as an example of a best practices organization. The Dual Diagnosis Capability in Addiction Treatment index is an audit tool to determine the quality of dual diagnosis treatment by measuring the integration of treatment processes for both substance abuse and mental health. FRN conducts annual audits using the DDCAT.

## Methods

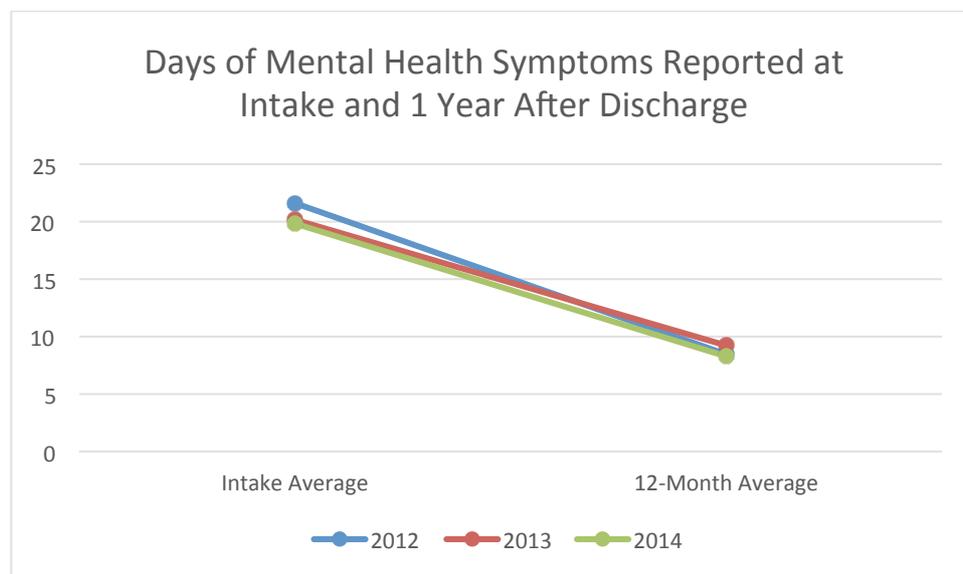
All FRN patients are offered the opportunity to participate in a follow-up study. A trained intake person located at each facility describes the evaluation, obtains and reviews the informed consent, and collects the locator information for post-discharge interviews. Data is collected at intake and three additional time points: at discharge and at one, six and twelve months post-discharge using industry standard, validated measurement instruments. A community-based Institutional Review Board reviews the procedures, methods and results annually.

Co-occurring disorders were assessed over the course of treatment starting with initial screening, assessment and psychiatric evaluation. A complete psychiatric evaluation with one of the program's psychiatrists is also conducted within 72 hours after the patient arrives at the residential treatment facility. Each patient is assigned to one of the program's licensed clinicians who utilizes the information gathered through initial screening and assessment to develop the initial treatment plan with the patient during an individual session within the first week of treatment. Ongoing psychiatric and individual therapy sessions are utilized along with weekly treatment team meetings to update each patient's treatment plan, including confirmation of specific co-occurring substance use and psychiatric disorders. This process provides input from a multidisciplinary team of clinicians in order to thoroughly assess co-occurring disorders throughout treatment as symptoms may change or become clearer during the course of treatment.

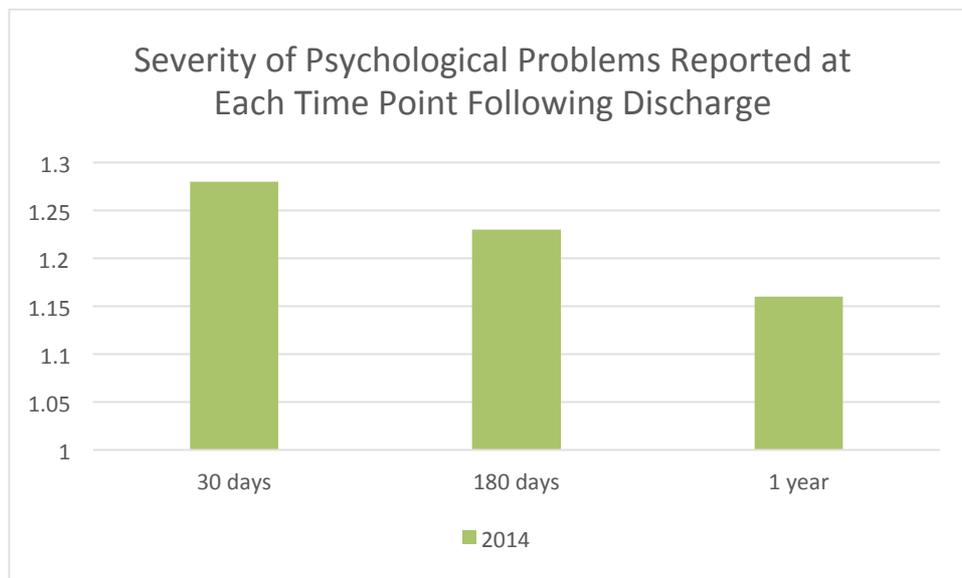
Follow-up interviews were conducted at 30 days, six months and one year following discharge from FRN facilities. This report summarizes mental health results for patients at one year post treatment.

## Results

The following graph illustrates the change in reported days of mental health symptoms by patients at intake and one year after discharge. The goal of treatment is to support long-term recovery from mental health disorders. The one year post-discharge outcomes represent sustained recovery from mental health symptoms. On average, patients report an improvement in the number of days they experience mental health symptoms by nearly 12 days per month.



Patients are also asked to rate how troubled or bothered they are by their psychological symptoms at each interview. The rating scale is from “0,” which represents “not at all,” to “5,” which represents “extremely.” On average, patients report being slightly troubled or bothered by their psychological symptoms. Recovery from mental health disorders, as with many long-term chronic disorders, proceeds through various stages. The following graph demonstrates not only the sustainability of recovery following treatment, but that overtime, the patient actually reports a reduced severity of symptoms. This could reflect greater proficiency at practicing skills and techniques learned in treatment, the commitment to greater long-term participation in treatment, improved medication compliance or other important factors associated with long-term recovery.



## Discussion & Conclusion

Research has demonstrated a link between substance abuse and mental health disorders. A greater percentage of adults using illicit substances have co-occurring mental health disorders. Researchers have also found the dramatic impact the complicating presence of substance abuse may have on the course of treatment for mental illness. Dually diagnosed patients often have poorer outcomes than those patients with substance use only. Researchers also have clearly demonstrated that substance abuse treatment for patients with co-occurring mental illness and substance use disorders is beneficial (SAMHSA, 2005).

This report reviews follow-up results from patients who have attended residential treatment at Foundations Recovery Network facilities. Results indicate that, on average, patients experience significant improvement in the number of days they are symptom-free and demonstrate sustained recovery at one year following treatment.

## **References**

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